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The Challenge to American Medicine in the Twentieth Century

Whitmer B. Firor, M.D.

THE NOTED HISTORIAN, Arnold J. Toynbee, has conceived of the development of civilizations in terms of challenge and response. Certainly there is abundant evidence to support this view as well as the opinion that challenge and response will continue indefinitely, both here and in outer space.

One of the fascinating aspects of medicine is that it will always present a challenge to its teachers, research workers, and practitioners. The ideal goal of the medical profession, of course, should be to eliminate the necessity for its existence. Unfortunately, this will never occur, even if disease is eradicated, because injuries and congenital defects alone require an increasing amount of attention.

American medicine has met the challenge of the first sixty years of this century most admirably. Aside from its great contribution in three major wars, it has been dominant in the control or elimination of many infectious diseases, the development of successful new surgical techniques, the use of radioisotopes in both diagnosis and treatment, and other advances on the front against disease and premature death. I have confidence that if research is not hampered by earmarked bequests, grants limited to projects, or federalized medicine, within the next twenty-five years cancer will have been brought under control; and before the end of the century heteroplastic grafts will be relatively common.

One can imagine kidney banks and heart banks partly filled by contributions of those who were in good health at the time of a fatal accident. This is no more preposterous than the idea in 1920 that the removal of a lung or operation

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Presidential address, April 27, 1961.

on a heart could ever be done successfully, that diabetes could be controlled, that much of the dread would be removed from a diagnosis of pneumonia, that tuberculosis could be almost eliminated as a cause of death, and that immunization could be provided against poliomyelitis. It is not the challenge of disease entities, however, that primarily concerns me tonight. But it is something equally formidable.

The first aspect of this challenge relates to the need for more doctors. Perhaps nothing is more disturbing to the medical profession than the decline in the quantity and the quality of those people seeking medicine as a career. Last year only an average of 1.8 applications was received for each medical freshman position as compared with five about ten years ago. The college grade averages of first-year medical students was determined to be A, 16 per cent; B, 70 per cent; and C, 14 per cent. In 1951, A students constituted 40 per cent of the entering class. Scholastic standing is undeniably only one of a number of factors which determine the suitability of an applicant, as is so well exemplified by the excellent physicians and surgeons who had only average college grades. It is conceivable, however, that some increase in A students would provide for more original research and more authoritative teaching, thus helping to maintain American medical care at its high level.

Another facet of this problem relates to the reasonable assumption that we shall have to increase the number of annual medical school graduates from the present seven thousand to ten thousand by 1975. It may be noted, incidentally, that the 1975 goal is short of the number of internships which have been available in the United States for some years!

It is apparent that the idea of a medical career will now have to be sold to some of the high school or early college students who are being attracted by nuclear science, electronics, industrial chemistry, and other fields of a similar nature, which offer social status and a good income much earlier in life than is possible in the field of medicine. The average full-time student for a Doctor of Philosophy degree in the sciences spends 7.5 to 7.8 years beyond high school, often at little or no expense beyond his undergraduate years because of grants, research projects, and teaching assignments. It requires from nine to fifteen years beyond high school to produce a doctor. The cost of four years of medical school alone is about $11,600, and it is virtually impossible for the student to earn any substantial part of this sum.

Furthermore, the thoughtful undergraduate student does not contemplate with satisfaction the possibility that after these years of training he may become a glorified government clerk or an organization man in other ways; that he may be denied the important doctor-patient relationship and deprived of the patient's free choice of physician by faulty insurance programs, labor unions, government, or other lay bodies. He is not favorably impressed by the blurred public image of the doctor and does not know that the great majority of the attacks on the profession are made by the disaffected, the misguided but well-intentioned, and others who selfishly seek only to obtain or perpetuate power; nor does he know that most of these attacks are completely unwarranted.

To compete with other attractive forms of endeavor, therefore, more scholarships, and greater financial aid, plus the promise of a fruitful career crowned with dignity, must be offered students of medicine; and the period of education our profession. A committee of the American Medical Association is preparing and training must be shortened without affecting the quality of the members of a plan for the establishment of fifty scholarships of about $1,000 a year for four

years. This is a significant beginning. The Johns Hopkins University has shortened its education and training period by two years for selected medical students and plans to increase the number of students. Similar programs are being undertaken at the University of Maryland. The University of Maryland chapter of the Student AMA is active in promoting interest in local high school and early college students.

Our profession, close to the clergy in integrity and dedication to high purpose, must, through its organizations, present a positive program rather than permit itself to remain on the defensive against the vicious and ill-founded attacks to which it has been subjected in recent years. If it is to avoid the interference of third parties, it must police itself and refuse to be victimized by insurance or government contracts, which result in overwhelming pressure by the laity for services to which they are neither legally nor morally entitled. If all these proposed programs of the universities and medical societies are generally adopted, they should help to attract more candidates for the degree of Doctor of Medicine.

Another aspect of the challenge to medicine in the twentieth century relates to population growth. It has been estimated that at the present rate there will be nearly one billion people in the United States by 2050. Heinz von Foerster, at the University of Illinois, gives us no comfort when he and his colleagues indicate that this will not happen because calculations show that unchecked population growth throughout the world will result in our being squeezed to death on November 13, 2026. Medicine, therefore, must play an important role in providing a simple, practical, effective, and esthetic means of controlling this expansion. This is a high moral purpose as compared with control by devastating nuclear warfare, starvation, or even being squeezed out of existence. Medicine, also, by meeting the challenge of the first part of the twentieth century, is largely responsible for this rate of increase in that one of its major causes is the progressively growing number of people in their seventh, eighth, and even ninth decades of life.

It is to this problem which I would now like to direct your attention. By 1970 those over 65 in the United States will number about twenty-two million, and almost half of the total adult population will be over 45. A majority of those over 45 will be women, although most of them may not admit it. Centenarians at the end of the century will not receive newspaper publicity on their respective birthdays, and it is not inconceivable that in 2061 an elderly female will be able to say that she saw Khrushchev in Iowa in 1959, when Russia was a Communist country. As one can see, this increase in our aged population poses a problem which will demand the dedicated attention of the medical profession, educators, sociologists, and economists. Actually, it should be the concern of everyone.

Medical knowledge now makes it possible for people in their seventies and eighties to enjoy good physical health. Proper diet, adequate exercise, and sufficient rest are conducive to maintaining this good health in the elderly; but it is becoming increasingly evident that the overriding necessity is a continuation of their activity as useful members of society.

This effort may produce understandable cries of anguish from the young, who want the "old man" to retire so that they can ascend the ladder to the presidency. It is proper to maintain incentives for the young and to lay down the instruments of authority at a reasonable age. One may subsequently serve on advisory boards, engage in community enterprises, establish a small business in a newly developed area, or pursue an avocation or a new vocation.

Some of the most gracious, wise, helpful, and inspiring people I have known are advanced in age. They are fortunate in their ability to continue living with a

purpose. The less fortunate majority, having been forced into retirement by an arbitrary and often unrealistic age limit, are unhappy and bitter at being denied the right to continue in some productive way. Their health suffers, and they become an unnecessary financial burden to the working population, a burden so great in just a few more years as to threaten the financial structure of our country. It is imperative, therefore, in the interest of good health for the nation—physical health, economic health, and spiritual health—that outlets be found for the productive capacities of our senior citizens. They will then become prideful taxpayers and cease being a powerful and harmful pressure group in political circles, demanding more and more from pension funds, social security, and old-age insurance.

Doctors, as citizens, should recognize the threatening significance of proposals now before Congress, which include medical care for the aged in the social security system. This danger to the people of the United States lies in encroaching control of medicine by government with its attendant decline in the quality of medical care and its ultimately ruinous cost. There is now a good, realistic program being instituted in these United States and implemented at the local level, which is the result of the Kerr-Mills Law, a law which organized medicine has supported and continues to support with vigor. Detailed discussion of this is better reserved for another occasion.

Hospitals must be prepared to give more services, especially those of an emergency nature, to the elderly. It has been found, however, that most of the aged sick are better cared for outside the hospital on an ambulatory basis or at home in familiar surroundings. Dr. Edward L. Bortz, President of the American Geriatrics Society and past-president of the American Medical Association, in a commendable article in the 1961 Britannica Book of the Year, states, "In reality, the last place to which the older patient should be taken is a hospital." Insurance companies, government agencies, hospital administrators, and community planners with regard to hospital construction need to give consideration to statements of this sort.

Health education programs, such as that at the Lankenau Hospital, in Philadelphia, can be effective in reducing the incidence of disease in both the young and old and ultimately may result in great reduction in the cost of medical care. Such programs must be initiated and made effective by our profession in conjunction with other public-spirited citizens.

The physician himself will require reorientation in this new society. More accurate methods of diagnosis and rapidly effective treatment tend to weaken the doctor-patient relationship because of its short-term nature. We know that stresses of modern life produce functional disorders which often result in organic change. A proper evaluation of the patient's environment, his work, his family, and his personality will be required. Early detection of slight departures from the normal will be possible and make possible prevention of serious disease or deterioration.

Medicine at its highest development expresses itself as reverence for human life and profound respect and even affection for one's fellow man. I believe you will agree with me that the exercise of such a great principle will enable us to meet the historic challenge remaining in this historic century.

I. RIDGEWAY TRIMBLE FUND LECTURE

Frank B. Berry, M.D.
I. Ridgeway Trimble, Jr., M.D. William S. Grose, M.D.

HEALTH RESPONSIBILITIES IN THE DEPARTMENT OF DEFENSE

Frank B. Berry, M.D.*

I WAS DEEPLY HONORED when Dr. Ridgeway Trimble invited me to give the memorial lecture in honor of his father, Dr. I. Ridgeway Trimble. Then came the letter from Dr. Grose with the formal invitation. As I read over the list of my predecessors, I noted that many were my teachers in surgery or close friends, so to be included in this group makes me feel very humble. As I have learned the manner of man he was and the sacrifice of himself, I realize how important it is that Dr. Trimble's memory should be kept ever fresh, and in these troubled times a much needed guide and reminder to all of us in medicine and the healing arts that here stood a figure far above us who now work in this same vineyard; a man from whom we should take heed today to follow his precepts that he taught so well throughout his short life.

Personnel problems in the medical and dental field

MEND program in medical schools

Liaison activities with other agencies

Work of Interdepartmental Committee on Nutrition for National Defense

Research programs

I know nothing personally about the Baltimore days of the first decade of this century except that they must have been delightful, as I have learned from those who were at Johns Hopkins during that period.

During World War I and after, I grew to know the late Dr. William H. Welch increasingly well. I recall vividly a visit by him and Francis Peabody to my pathology laboratory in Dijon during the War: how they were particularly interested in our work and in the histological slides and specimens from victims of the world-wide flu

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epidemic, and how we sat and chatted together along with my technician at that time, Corporal William Gee, who later had a distinguished career as professor of agricultural economy and sociology at the University of Virginia.

And then a few years later, Dr. Welch suggested to the late Walter Hughson that we form a small surgical club to honor the memory of William S. Halsted. This was formed in the mid 1920's under the guidance of Doctors Welch and Hughson and now has become the well known Halsted Surgical Society with membership from many parts of the country.

During my all too short internship under Dr. Henry A. Christian at the Peter Bent Brigham Hospital early in World War I, he invited me to a dinner which he held annually for his staff. There was always a special guest speaker, this time Dr. Lewellys Barker. On my return to practice in New York after World War II, as chief of the Columbia First Surgical and Thoracic Surgical Services at Bellevue Hospital, I promptly initiated similar dinners for my resident and intern staff. On one occasion Dr. Christian was our guest. He had been in retirement for some years and, as far as my young group was concerned, he was a figure lost in the mists of mythology and known only by his editorship of Osler's System of Medicine. We met at the Century Club in New York, and this dinner is one of my cherished memories. Both Dr. Christian and the group were fascinated with one another, and it was well after 1:00 A.M. when the steward asked if we would please go home as the club had been kept open an hour later than usual as an honor to Dr. Christian.

Such are the memories which we should all preserve and cherish.

But I have been asked to talk to you about the concerns of medicine within the Department of Defense. First, I might explain that recently the position of Assistant Secretary of Defense (Health and Medical) was eliminated and the office placed under the Assistant Secretary for Manpower as a separate unit for Health and Medical Affairs. The positions for two civilians will be continued: one with the title of senior medical advisor to the Assistant Secretary for Manpower, and the other, the Deputy Assistant Secretary, Health and Medical, in charge of administration. The functions of the office, however, will remain unchanged.

To give you some idea of the magnitude of the medical activity, our budget was less than 2 per cent of the total defense budget of almost $41 billion for fiscal year 1960. The total defense budget for construction, renovation, and repairs was $1.364 billion, of which 3 per cent was allotted to the medical services.

As to hospital beds, in January 1954, there were 82,000 authorized operating beds in the military hospitals, with a total occupancy of about 51,000, or 62 per cent. In the first three months of 1960, however, there were 37,000 operating beds, with 79 per cent occupancy—a considerable improvement. The great load, however, is in the outpatient services, which had more than thirty-four million visits during fiscal year 1960: Army and Air Force about twelve and a half million each and Navy approximately nine million. This is the magnitude of our operations in medical care.

The foregoing is the most important part of what I often refer to as our intramural activities. Other areas are:

1. Close liaison relationship with the Office of the Director of Research and Engineering.
2. Work with the Office of Civil and Defense Mobilization and the Interagency Health Advisory Board.
3. Coordination, when required, with the Selective Service System for inflow of physicians and dentists.
4. Supervision of Public Law 569, Medicare, of which the Army is the executive agent.
5. The Military Medical Supply Agency (MMSA), for which the Navy is the executive agent. This agency conducts supply and storage functions for the three services and is the direct outgrowth of the Armed Forces Medical Procurement Agency, formed in World War II to prevent competition for the same materials between the Army and Navy.
6. The Armed Forces Regulating Agency under charter from our office. This agency distributes patients by air evacuation in this country and on arrival from overseas, so that they will be placed in hospitals nearest their homes or in specialty centers. It directs the transportation of approximately two thousand patients each month.
7. The Armed Forces Institute of Pathology, which holds a charter from this office and with whom we work closely.

8. The Armed Forces Epidemiological Board.
9. The Armed Forces Pest Control Board.
10. Relations with major civilian agencies, such as the American Medical and American Dental Associations.

Within the secretariat of the Department of Defense we have close connections from the standpoint of hospital construction and the Military Medical Supply Agency with the Assistant Secretary for Installations and Logistics. A counsel is assigned to us. We are in free communication with the Assistant Secretary for Public Affairs. The military assistance groups are under the Assistant Secretary for International Security Affairs; hence the Interdepartmental Committee on Nutrition for National Defense is operated in close connection with that office and has general supervision by our military assistance groups in foreign countries.

As a part of the secretariat for manpower, we are not only advisory in personnel affairs, but also, due to plans that originated in our office, we are the executive for the inflow of physicians and dentists. Due to the combined efforts of our office and the Office of Manpower and Personnel that the career incentive bill, P.L. 497, providing for constructive promotion credit to officers entering the services and for added medical pay, was passed. Young men who have completed their internship are now given the rank of captain (lieutenant in the Navy) when they enter active duty.

In an attempt to avoid the necessity of a draft, various plans were evolved by this office. The plan of primary interest is the Armed Forces Reserve Medical Officer Commissioning and Residency Consideration Program (Berry Plan). This was developed in conjunction with the medical advisor to the Selective Service, New York, Dr. James E. McCormack, so as to bring order out of chaos. Bearing in mind the requirements of the various specialty boards, each service is asked to provide us with an estimate of the number of board certified or board ready specialists they will need each year. We then request General Hershey annually to permit full residency training for them. This was frankly an experiment. In the first year, three hundred were deferred. Since then, an average of approximately nine hundred a year have been placed in this deferred status to meet the estimated needs of the services. Last year for the first time, there was a small excess, which will be slightly larger this year.

These deferments for residency training have the following conditions: first, the intern must accept a commission, and, insofar as possible, he is assigned to the service of his choice; second, he must understand fully and signify his willingness to accept an order to duty upon completion of his residency. This plan has worked extremely well to the benefit of all. There are some variables which must be understood: first, in the past seven years, several of the specialty boards have lengthened their requirements; second, occasionally residents or heads of departments have requested added training; third, the total number of men and women within the services alter the medical requirements. These factors make an absolute match well nigh impossible. When we found there was surplus, we were much concerned and so discussed the problem at a joint meeting of the three surgeons general, the Surgeon General of the Public Health Service, General Hershey (Director of Selective Service), the Secretary for Manpower and Personnel, and our counsel. It was decided that inasmuch as these young men had completed their part of the bargain and could not be utilized because of the "convenience of the Government," they should be released from their obligation as far as possible within the law. Therefore several voluntary choices were offered:

1. A positive statement that the officer desired active duty.
2. That he be transferred to one of the other services, including the Public Health Service, if a vacancy in that particular specialty existed.
3. Express his willingness to accept active duty in other than his specialty, such as embassy attaché, field medicine, or certain other specialist type groups.
4. That he enter the ready reserve in the inactive specialist group. The years of residency would count toward the ready reserve requirement, and he would be maintained on the rolls until the requirement is fulfilled. In this status, such officers are exempt from attending the weekly drill meetings and the two week period at camp in the summer. It should be emphasized that this option is open only to the excess in the deferred group.

There has been criticism that these men were not completely released, but this is impossible under the present laws. Therefore the choices offered and obligations imposed were as lenient

as possible. By law, if a young man accepts his commission *before* the age of 26, he is liable for duty in the active reserve until the completion of the required period; his service as a resident and his two year service on active duty all count for this ready reserve requirement. There have been a few loud objections, but on the whole, general satisfaction.

Requests have been made to shorten the two year tour of duty or to find some means of ordering into the services all medical and dental students who have not already served. It is impossible to comply with these requests because of the added expense involved and the poor value received. By the time a young man has been through the initial military training period, the travel to his assigned station, and finally returned home with more travel and terminal leave, there really isn't much left of the year; and in the short time that remains, there is bound to be an unsettled mental attitude. As to universal military service, opinion against this has been strong in this country, and it has been impossible to pass any bill of this nature in the Congress. Furthermore, to apply it to a small group would immediately arouse great opposition.

Our own office has a Civilian Advisory Council, composed of five doctors of medicine and a dentist selected by me and a group of alternates. There is also a Dental Advisory Committee, recommended by the dental member of my advisory council, which always includes the president-elect of the American Dental Association.

Research

SEVEN YEARS AGO, my predecessor, Dr. M. A. Casberg, the late Secretary Donald A. Quarles, and I discussed the problem of medical research. There were two ways of handling it: first, that it should be a direct responsibility of the Assistant Secretary for Health and Medical with liaison from the Assistant Secretary for Research and Engineering; second, that it should be within the office of the Assistant Secretary for Research and Engineering with liaison from our office. Inasmuch as there is such a great overlap between medical research and other branches of scientific research today, we thought that it would be most profitably placed under the immediate responsibility of the Assistant Secretary for Research and Engineering and that the liaison from our office would be far closer and more interested than if the converse were true.

In these days of advanced research in physics, chemistry, toxicology, fuels, propellants, noxious gases, dysbarism and hypoxia, problems of space, atomic energy, and associated problems, you can readily understand this overlap. There are also close interweaving interests with the Quartermaster Department in clothing, food containers, and food preservation; with the Engineers; with the Department of Agriculture; and with the Armed Forces Epidemiological and the Armed Forces Pest Control Boards, both chartered under our office. Therefore I believe the initial decision was correct, although a fairly active opposition group has held that we should have primary cognizance of research.

Do we in medicine profit or lose by this arrangement? The undersecretary for research and engineering has his own Science Advisory Board, on which are two Doctors of Medicine. In addition, his medical sciences division has a rather large medical advisory panel, of which Dr. Richard Kern is chairman. He is also one of the representatives on the Science Advisory Board. We, in turn, have close liaison with the science directorate. Dr. Kern frequently sits with our Civilian Advisory Council and has been kind enough to invite me to join with his panel at times.

Three immediate instances of gains that I am sure we could never have attained by ourselves are: 1) an investment of $7 million in a Triga pulsating reactor now being built on the grounds of the Naval Medical Center for use by the armed services and the Public Health Service for biological tests and research; 2) appropriations of $200,000 to assist the Protein Foundation and the Naval Hospital at Chelsea, Massachusetts, in perfecting a long term blood preservation program; and 3) several hundred thousand dollars for the Linde Corporation and Buffalo Medical School for their work in the long term blood preservation.

The overall health-related research of the military establishment, including medical and biological sciences, has advanced from $33.6 million in 1958 to $49.4 million for 1961. What is research, and can we measure it in dollars? First we have the pure medical research, both basic and clinical, and research in trauma, all dealing bas-

ically with humans. This is the product of our medical centers and hospitals and is what we usually think of when we speak of medical research. But there are also the military problems and needs for research and engineering in field medicine; for example, that carried on at Wright-Patterson Air Force Base, at Brooke Army Medical Center, in the Aero Space School at Brooks Air Force Base in Texas, at Cape Canaveral, at Fort Totten under the Engineering Development Group of all the services in field medicine, and in the excellent laboratories at the School of Naval Aviation Medicine at Pensacola and the Submarine Medicine School at New London.

Furthermore there is the growing field of veterinary medicine and research with small and large animals and the ever increasing importance of zoonoses and epizootics. Two such important and rather frightening diseases have recently occurred among animals in other parts of the world:

1. African horsesickness with 80 per cent mortality, but for which there is a vaccine, manufactured chiefly in Teheran and in Ankara. This has spread into India, Turkey, Iran, and Cyprus.
2. African swine fever, about which little is known except its mortality of 100 per cent. This disease has spread to Spain.

We need to know more about the vectors, mode of spread, life cycle, and reserve aspects of these diseases; and we need to develop better vaccines. This is becoming an interdepartmental project involving the Department of Agriculture, the Public Health Service, the Armed Forces Veterinary Services, the Armed Forces Epidemiological Board, the Armed Forces Pest Control Board, and the National Research Council.

The Armed Forces Pest Control Board is supported in its research by twenty-three different organizations, governmental and private. One is impressed and astonished at the new world of research in which one finds himself. At the moment, for example, the Pest Control Board is concerned with the problem of chemo-sterilization of insects. The Orlando laboratory of the Department of Agriculture has already tried six hundred different chemosterilants in projects with flies, mosquitoes, and cockroaches. This grew out of the initial startling success with radiation sterilization of the screwworm, which was so successful, in fact, that this work has been discontinued.

The National Institutes of Health support many projects in our universities, hospitals, and other groups, all of which contribute to the total value of research for the armed services. Within the Armed Services themselves, about 45 per cent of the research is done under contract with civilian groups. It is, therefore, difficult to arrive at the exact monetary value and the sum total of the main branches of research feeding into the main stream of medical research in the armed services.

A second group of important activities are those which I like to call "extramural." First, we hold membership in two presidential committees: the Federal Radiation Council and the President's Narcotic Committee. I am most happy to report that as far as the armed services are concerned, the illegal use of narcotics is minimal. Our chief concern formerly was in Korea and Japan, but during the past several years, the situation in both of these areas has been extremely well handled.

MEND

After preliminary studies by the Association of American Medical Colleges and this office in 1952, we realized that military medicine should contribute to our medical schools. The only means had been through the ROTC, but this reached only a small group of students in some of the schools and was expensive and highly unsatisfactory, nor were the teachers selected from the military particularly interested. It was decided, therefore, to start the program Medical Education for National Defense in five medical schools, three state and two private. Fifteen thousand dollars was allocated to each school to pay for a coordinator of the program in the school, for travel, and for visiting lecturers. At present eighty-one schools are included in the program, and an average of $11,000 is now appropriated to each school.

Each year the medical officer in charge of the entire program, our national coordinator, arranges for selected members of the faculties meetings in Washington, field demonstrations, visits to various military laboratories, and joint meetings with the Civil Defense and Public Health Service and their exercises. The total cost is about $300,000 a year less than the original ROTC program. Both the schools and the military are enthusiastic, although a considerable load is imposed upon the latter in the time required to pre-

pare the various symposia and field exercises. The program has been eminently successful.

Much, of course, can be done only by the Government, such as the diving and submarine physiology and toxicology in the Navy, the high altitude chambers and human centrifuges of the Air Force, and field medical research by the Army. Therefore a means has been provided to refresh the faculties of our medical schools with work that should be of knowledge to medical schools, and, in turn, the faculties can talk with the students from first hand experience.

The Joint Blood Committee

In 1951 President Truman established a national blood program to meet the needs of the Korean conflict. After the war this languished but was kept alive within the Department of Defense. Annually about five million transfusions are given within the United States. About thirty thousand patients receive blood in all of the Department of Defense facilities in the continental United States, making a total of eighty-three thousand blood transfusions each year.

In planning for the future and regrouping our military hospitals so that a system of regional hospitals may be established, we are aiming toward the establishment of regional blood centers, which will function as central blood banks to supply the blood needs of the military in peace and will also provide for any sudden emergency. I have already mentioned the developments in long term preservation of blood in Chelsea and by the Linde Corporation. The Chelsea development is most advanced, and the hospital is regularly using glycerolized red cells frozen for as long as three years as the preferred method for transfusion on the surgical service at Chelsea. Likewise, the hospital now serves as a storage center for the rare types of blood. In more than two thousand transfusions that have been given, there have been no mismatches, 0.4 per cent mild reactions, and the only cases of serum hepatitis that have appeared were when the red cells were reconstituted in plasma. Five per cent albumin is the preferred vehicle for reconstitution.

In order to provide for an intelligent program, our office reactivated the national blood program through the formation of an Interdepartmental Committee on National Blood Program Research. Membership includes the National Research Council, Office of Secretary of Defense, the three armed services, the Public Health Service, the Red Cross, and the Joint Blood Council. It reports to the director of the Office of Civil and Defense Mobilization. The primary function of this committee is the proper programming of blood research. It also acts as an information center. The functions of the National Research Council are not disturbed in any way, but to facilitate progress, we have deemed it essential that every person working in the blood field know what the other person is doing. We believe that this committee will have much to offer in the future and that our national blood program will be improved.

Interdepartmental Committee on Nutrition for National Defense

In 1955, Doctors Howard Karsner and Stanhope Bayne-Jones suggested that an Interdepartmental Committee on Nutrition for National Defense be formed. In the original survey of Korean troops during the Korean conflict, a large number of troops were found to be unfit for front line duty solely because of nutritional deficiencies. Several nutritional studies in Taiwan performed by different American agencies gave similar results.

This office, therefore, obtained permission from the Secretary of Defense to pursue this matter, agreeing that nutritional surveys in many of our friendly countries might be mutually beneficial and would assist them in developing their own agriculture economy and animal husbandry. It was realized that the only way such a survey could be accomplished in any country was through the full cooperation of the military, so that the hinterland could be visited with native sponsors and leadership. Thus working through and with the military, together with a selected group appointed by the Ministers of Defense and Ministers of Health in the various countries, joint studies would be profitable, not only to the host country, but also to the team from our own country.

The participating agencies are State, Defense, Agriculture, International Cooperation Administration, Health, Education and Welfare, and Atomic Energy. It was agreed that before planning a survey for any country, a request must be

received from that country through formal channels to the Department of State. From these modest beginnings, the result has been extraordinary. Surveys have been conducted in seventeen countries, and others are planned.

The *modus operandi* begins with the formal request. Then a team of nine to twelve members is selected from our armed services, our universities, and our foundations. The host country is asked to make up a team of their own to work with ours, the whole survey to last approximately two months. Initial visits are made by the executive director, Dr. Arnold E. Schaefer, a senior consultant, and one of us. Details are planned directly within the country through our ambassador, the Ministries of Defense and Health of the country, the director of our ICA, the representatives of the World Health, the Food and Agriculture Organizations of the United Nations, and the sites selected.

The host country's team numbers anywhere from a dozen to forty members. Laboratory equipment is sent from this country and an adequate laboratory, either within the Department of Health or Defense of the host country, is selected. The laboratory equipment is always left in the country so that the work may continue. Two examples: thirteen places were visited in Ecuador; in Ethiopia five thousand miles were traveled by plane and five thousand more by motor to various parts of that rugged country. Photographs are taken, and in some instances motion pictures made. After the report is completed here a preliminary report is carried back to the host country and coordinated with the Ministers of Defense and of Health and with our Ambassador as to whether the recommendations are practical. After corrections, the final report is formally presented to the country, usually by the head of the team, and a copy of the motion picture film is also presented, if desired. In addition, follow-up services are made available and have been constantly in demand by all of the countries except one.

The results have been outstanding and continuing in all of the countries except the one, not only in the furtherance of nutritional studies, but in impetus and growth of agricultural economy and interest in successful livestock and poultry breeding. Furthermore, in conjunction with ICA, food processing factories have been reopened or new ones built. These nutritional surveys have developed into one of our most worthwhile projects, with a total cost during the past six years of approximately $1,250,000. Twenty-eight of our universities and colleges have contributed more than two hundred members from their faculties.

Joint Committee on Aviation Pathology

SEVERAL YEARS AGO, our British medical air liaison officer, now Group Captain Bruce Harvey, suggested the need of a committee on aviation pathology, formed by representatives of the United Kingdom, Canada, and the United States. It was a most difficult committee to arrange because it needed approval by our Department of State, the Foreign Offices of the other countries, and the Ministers of Defense of all three countries. Everyone was willing, but nobody seemed to want to take the responsibility. At the end of two years and two complete "go-arounds," tacit approval was given to this country to organize it. Secretary Wilson established the committee in a unique directive involving three nations. At first we were rather fearful about including other groups, although it was the sincere hope that the civilian agencies, the Civil Aeronautics Board and the Federal Aviation Agency, would participate.

The committee wished to emphasize the great importance of the autopsy in investigating the cause of airplane accidents, for it was by careful autopsies on victims of the Comet disasters in the Mediterranean several years ago that the cause of these accidents was ascertained. Therefore autopsy instructions were formulated and issued to the military services in the three countries. Through them, this information was tentatively and carefully given to coroners and medical examiners.

The Committee soon proved its worth, and the assistance of the trained pathologists from the Armed Forces Institute of Pathology was requested by our civil groups. Now there is active cooperation by the Civil Aeronautics Board, Federal Aviation Agency, and many civilian medical examiners; in addition, the schools for aviation medicine at Ohio State University and Harvard are enthusiastic in their support. A vast amount of material and records has been compiled at the Armed Forces Institute of Pathology, and joint

meetings are held at stated intervals with representatives of the three countries.

Conclusion. I have tried to give you an insight into some of the activities for which our office has assumed responsibility. We believe it is an increasingly important office for the entire health field within our Defense structure, not only in work pertaining strictly to the Department of Defense, but also in its relationship with our civilian professions in the healing arts and with similar international bodies.

The medical assistance given to our foreign neighbors was perhaps most vividly demonstrated during the earthquake in Chile. A nutrition survey team was finishing its work there and was promptly made available to the government of Chile, together with the help that was poured in both from our military and civilian agencies. Wherever we can "help others to help themselves," the motto of the Near East Foundation, we are contributing to peace in our world.

Medicine is a language common to all. We meet freely at local and international congresses and meetings dealing with public health and medical affairs. We have firmly believed through the past few years that groups such as the Interdepartmental Committee on Nutrition for National Defense and the Committee on Joint Aviation Pathology contribute in large measure to humanity at large. Perhaps this is best expressed today in a quotation from a paper presented by Mr. Justice Douglas at the Center for Study of Democratic Institutions:

> *The recent development of the International Bank of Reconstruction and Development, headed by Eugene Black, in settling the Indus River dispute between Pakistan and India is international law in operation. The process was not adjudication or legislation, with the procedures we normally identify with law.*
>
> *This was mediation and conciliation at a high level, procedures that have been constituent parts of our domestic legal system for years.*
>
> *Whenever nations work together through a common agency, they submit to a regime of international law. The European countries and South American countries which have established common markets work conspicuously in the role of super-natural groups.*

These words express exactly what we with our interdepartmental and national committees and with the larger groups working with the World Health Organization attempt to accomplish: "mediation and conciliation at a high level."

Washington 25, D. C.
Office of the Secretary of Defense

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SUBCOMMITTEE FOR THE

STUDY OF PELVIC CANCER

(Under the auspices of the Medical and Chirurgical Faculty and the Maryland Division of the American Cancer Society)

Howard W. Jones, Jr., M.D.
Chairman

The Committee for the Study of Pelvic Cancer plans for the coming year a program similar to the one followed during the past year. Meetings will be held monthly for the presentation of cases for discussion as a part of a regularly scheduled meeting of one of the county medical societies or the visiting staff of one of the hospitals in Baltimore.

Abstracts of case discussions:

The patient was 55 years old, gravida 3. She came to the hospital in late January, 1961, because of persistent pain in the left shoulder region, which she thought might be a symptom of heart disease. She was seen in the medical clinic on January 30. A routine Papanicolaou smear was taken and reported as positive. She was referred to the gynecological clinic and seen there on February 13. She had a history of a normal menopause in 1947 and had had no post-menopausal bleeding or discharge. A repeat Papanicolaou smear was negative. A Schiller test showed an area around the cervical os which did not stain. A biopsy of this area was reported as "squamous metaplasia with mild atypism of the endocervix." The patient was admitted to the hospital on March 6 for examination under anesthesia and conization. The pathological report was "carcinoma of the cervix, with early invasion."
Diagnosis: Carcinoma of the cervix, international classification, stage I.
Treatment: Radiation therapy.

PHYSICIAN: Would you call this laboratory error because the second Papanicolaou smear was reported as negative?

PATHOLOGIST: It is possible that one Papanicolaou smear could be positive and a second negative.

COMMITTEE MEMBER: In view of the fact that the biopsy showed only atypism, I think they did well to follow the patient.

COMMITTEE MEMBER: I hardly think we could call this delay.

PHYSICIAN: After one positive smear, do you think you could immediately go ahead with a biopsy rather than wait?

COMMITTEE MEMBER: Yes. In this particular case, the first Papanicolaou smear was taken as a routine in the medical clinic; then the patient was referred to the gynecological clinic for further examination after the smear was positive.

PHYSICIAN: I would like to raise the question, just as a point of information, as to the procedure with one positive smear and a subsequent negative smear. I have had cases where I have sent a smear to one laboratory and had a positive report, then a second smear to another laboratory is reported as negative. What do you do then?

CHAIRMAN: I have very definite feelings regard-

ing this, and I am sure some others of you have also. What do you have to say?

COMMITTEE MEMBER: I feel very definitely that as long as you have one positive smear it means more than a dozen negative smears. It means that the patient must have further investigation.

This brings up the point as to whether you do a biopsy or a cone. We have discussed this many times, and I think the committee is about evenly divided as to which is the better procedure. Some have felt that a biopsy should be done first, because it is a simple office procedure, and if positive, you have your diagnosis and can proceed with therapy. If negative, then you should proceed with a conization, Others think you should go ahead with a conization on the basis of a positive smear.

PATHOLOGIST: I would like to comment that a closer relationship between the cytologist and the attending physician would sometimes be a great help. If you get a positive IV or V smear that means something definite. If you get an inconclusive III, urge a repeat smear. If the result is equivocal, discuss it with someone who has knowledge within this area.

PHYSICIAN: If you get a positive smear, how likely are you to get a repeat negative?

PATHOLOGIST: It could happen, but if you get a positive IV or V, it would be very rare that you would get negative pathology on biopsy. It is the Class III's or inconclusive smears that give the headaches.

COMMITTEE MEMBER: With these I would certainly think you would do a biopsy before conization.

CHAIRMAN: I would like to have a little more proof than a class III smear before admitting a patient for a dilatation, curettage, and conization. I think you should have repeat suspicious smears or biopsy before admitting a patient for more definitive diagnosis.

PATHOLOGIST: If for economic reasons alone, I think it is better to follow the patient cytologically for a while in the case of class III smears. If you have a class III smear and suggest the patient be put on estrogen therapy for a few days before a repeat smear, you may have the repeat smear come back as clean as can be. I don't know what you fellows charge for a curettage and conization, but that plus hospitalization I am sure is more than a few cytologic examinations. And the patient may have her case decided for her by cytology.

COMMITTEE MEMBER: The abstract of this case history notes that a Schiller test showed an area on the cervix that did not stain. It is reported that a biopsy was taken in this area and was read as showing "squamous metaplasia with atypism." They may or may not have biopsied only in this one area, but I think we should emphasize the importance of adequate biopsy. At least the four quadrants, 12-3-6-9, should be biopsied. A Schiller test is a guide, but other areas should not be overlooked. Whenever you biopsy, be sure you do it adequately.

COMMITTEE MEMBER: There was a study as far back as 1950 which reported that biopsies at 6 and 12 pick up eighty per cent of the cases; biopsies at 12-3-6-9, pick up ninety-two per cent. That seems pretty good until you consider it from the other angle—that you miss eight per cent.

CHAIRMAN: Are there any other questions or comments on this case?

PHYSICIAN: I would like to ask why the conization was done as late as March 6? Why wasn't it done before?

COMMITTEE MEMBER: There was no positive evidence of carcinoma up to this time. There was no urgency. It is quite possible that a good part of this delay was waiting to get a bed.

PATHOLOGIST: This patient had a biopsy on February 13. If a conization had been done a week later, changes and inflammation due to the biopsy might have made it look like carcinoma. I think a three-week delay is optimum.

COMMITTEE MEMBER: There are those who think you should wait six weeks.

PATHOLOGIST: I won't quibble as to three weeks

or six weeks, but I think three weeks is the minimum.

CHAIRMAN: As to classifying this case, I think you will agree that this case falls into our classification of asymptomatic detected cases.

The patient was a 30-year-old gravida 3 0 0 3. She gave a history of regular menses to November 1960. After a menstrual period in November, she continued to have spotting, vaginal discharge, and some abdominal pain. She consulted her physician on November 22, was examined and thought to have bilateral salpingitis and endometritis. She was treated with antibiotics. On November 29, because of continued pain and spotting and a mass in the right adnexa, she was hospitalized. The symptoms improved on continued antibiotic therapy, and she was discharged from the hospital after a few days but remained under the care of her physician. On January 20, she was readmitted to the hospital for a right salpingo-oophorectomy and excision of a left ovarian cyst. On March 1, she again consulted her physician because of persistent spotting and postcoital bleeding. The patient was admitted to the hospital for a D&C and biopsy and was then referred to a second hospital for treatment.
Diagnosis: Carcinoma of the cervix, international classification, stage I.
Treatment: Radiation therapy.

CHAIRMAN: We have some further information from this physician. He writes that the patient was first seen on November 22, 1960, with the complaint of "stomach ache," spotty menstruation at the last period, chills, and backache. The recent menstrual history was a normal period on October 10 and an intermittent spotting period beginning on November 10. On examination both adnexal areas were enlarged and tender. She had a temperature of 99.6. It was felt that she had bilateral salpingitis and endometritis, and antibiotics were given. The spotting continued, becoming heavier, and on November 29 a mass was felt in the right adnexae only. She was hospitalized. Frog test was negative. Sedimentation rate was 60. Antibiotics and bed rest were continued. The mass became smaller, and the patient was discharged for continued bed rest at home. There was a normal menses on December 8. Sedimentation rate was normal by mid-January but there was tenderness and a palpable mass in the right adnexae only. She was readmitted to the hospital for salpingo-oophorectomy, right. She returned on March 1 because of bleeding after her regular menses. A mass of adventitious tissue was seen at the external os. On March 2, a biopsy of this mass showed what was undoubtedly malignant tissue.

The pathologist's report at the time of the surgery in January gives the diagnosis as "Follicle cysts, ovaries, bilateral; hemorrhagic salpingitis, right."

The physician apparently considered the intermenstrual bleeding was explained on the basis of the salpingitis, and it is true that salpingitis, acute or chronic, can cause some bleeding. The patient did have salpingitis, but she also had carcinoma of the cervix, and there was some lost time in making this diagnosis.

COMMITTEE MEMBER: Is there any mention of an examination of the cervix at any time? Was a Papanicolaou smear taken?

CHAIRMAN: There is nothing here to indicate that this was done. The physician had his mind on salpingitis, and the patient did have salpingitis.

COMMITTEE MEMBER: It is mentioned that the patient had a normal period on December 8. Had the spotting continued up to this time?

SECRETARY: The patient said that she had spotting through November but that this stopped in early December.

PHYSICIAN: I would like to ask a question not directly related to this case. If a patient has persistent intermenstrual spotting but her periods are normal and repeated Papanicolaou smears are negative, do you think she should have a dilatation and curettage?

CHAIRMAN: Yes, she should have a dilatation and curettage and cervical biopsies.

PHYSICIAN: If this is done and the pathological reports are negative, and repeat smears are negative, but the patient continues to have intermenstrual spotting, how long would you wait before doing another dilatation and curettage?

COMMITTEE MEMBER: I usually allow a year to go by before doing another dilatation and curettage.

COMMITTEE MEMBER: I am not quite as trusting as that. If bleeding recurs within six months I would do another curettage. A large percentage of smears do not pick up endocervical carcinoma.

CHAIRMAN: You cannot criticize anyone for doing a second dilatation and curettage in six months if the patient has continued bleeding.

COMMITTEE MEMBER: In a younger woman, say 35, I would do cervical biopsies and pass up the curettment; but in an older, post-menopausal woman, I would do a repeat curettment in six months.

I think we might emphasize that intermenstrual bleeding or just intermenstrual spotting is more significant than excessive or prolonged bleeding with periods. This is significant regardless of the amount of bleeding. Any intermenstrual bleeding after a certain age—I use 30—is indication for a dilatation and curettage. The patient may have had only a slight amount of bleeding and will want to wait a while, but bleeding may not recur for six or eight months, and it is very important to go ahead with dilation and curettage at the first indication.

CHAIRMAN: I agree most certainly that intermenstrual spotting is a lot more significant than excessive bleeding with periods. Any post-coital bleeding is a very important symptom also.

How do you think we should classify the case we have been discussing?

PHYSICIAN: The patient did have salpingitis, and the symptoms could be explained on the basis of this. I do not think there was any physician delay here.

PHYSICIAN: But apparently the cervix was never examined, even at the time of surgery.

PHYSICIAN: The surgeon might have hesitated to do a dilatation and curettage, because he could have stirred up further infection.

CHAIRMAN: I don't think a curettage should have been done, but the cervix could have been examined and a Papanicolaou smear taken. There was no contraindication to biopsying the cervix.

PHYSICIAN: I have been in practice for eleven years, and I have never heard any teaching regarding taking a Papanicolaou smear or doing a biopsy on a patient with salpingitis.

COMMITTEE MEMBER: This patient did have salpingitis which complicated the diagnosis, but she also had carcinoma of the cervix.

COMMITTEE MEMBER: And the cervix was not examined. This one little examination would have made this diagnosis.

COMMITTEE MEMBER: I think we may be being too much influenced by the age of this patient, the fact that she was 30. Since we have been doing routine Papanicolaou smears in the obstetrical clinic, we are picking up more and more early cases. I recently had a patient referred to me from one of the county health clinics, a postpartum patient, 19 years old, and she had invasive cancer.

PHYSICIAN: I do Papanicolaou smears almost routinely, and it is my experience that I get a lot of positives, but very few patients turn out to have a malignancy.

CHAIRMAN: The cytologists say that with a class V positive, there is almost surely a malignancy; with a class IV, a very high percentage. I did a study on my own class III's, and about 25 per cent proved to have a malignancy. A class III smear must be followed; you can't just ignore it.

I don't believe we can reach agreement on this case we have been discussing. It is a difficult one to evaluate. It is fortunate that the patient was still a stage I when she came to treatment.

Summary

Total cases to July 1, 1961	2290
Patient delay	936
Physician delay	161
Physician and patient delay	160
Institutional delay	59
Institution and patient delay	57
Institution and physician delay	10
Institution, physician and patient delay	6
Inadequate or improper treatment	23
Delay due to laboratory error	7
No delay	791
Asymptomatic detected cases	80

These books are available in our Library

THE CARDIAC ARRHYTHMIAS, Brendan Phibbs, M.D. St. Louis: The C. V. Mosby Company, 1961.

The non-cardiologist is sometimes confronted with situations calling for immediate diagnosis and treatment for cardiac arrhythmias. Since clinical diagnosis is often inadequate, the general physician must master elements of electro-cardiography. This book presents the subject in the following sequence: review of basic anatomy and physiology of the conducting tissues of the heart, recognition of the normal mechanism as registered in the electrocardiogram, recognition of the abnormal mechanisms as registered in the electrocardiogram, and the correlation with clinical diagnostic means. Practice exercises are given. Therapeutic procedures are described for each arrhythmia.

A SYNOPSIS OF OPHTHALMOLOGY, ed. 2, J. L. C. Martin-Doyle. Bristol: John Wright and Sons Ltd., 1961. The Williams & Wilkins Co., Baltimore, exclusive U. S. agents.

Here in a pocket-sized edition is a survey of the whole field of ophthalmology, including the rare as well as the common conditions. A number of chapters have been extensively revised in the light of newer knowledge. This is a handy, quick reference for medical students or general practitioners, who would not require the detail contained in textbooks on ophthalmology.

HEREDITY IN OPHTHALMOLOGY, Jules Francois. St. Louis, The C. V. Mosby Company, 1961.

Translated from the French, this book treats the origin, transmission, and outcome of the gene as it relates to ocular disease. A significant percentage of cases of blindness and abnormalities of the eye are attributable to congenital and hereditary etiology. Recent discoveries concerning the inheritance of glaucoma and the abiotrophies of the retina add further weight to the significance of investigations of methods of transmission of genes. This book is profusely illustrated.

SURGICAL DISEASES OF THE CHEST, edited by Brian Blades. St. Louis: The C. V. Mosby Co., 1961.

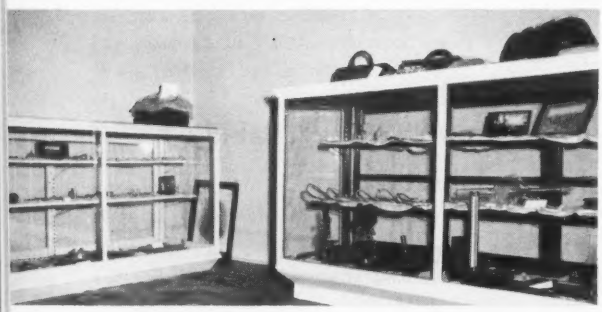
Diseases of the chest which are properly treated by surgery are described here, along with discussions as to selection of patients for surgical intervention, differential prognosis for various conditions, preoperative preparation, and postoperative care. Surgical techniques, while not entirely neglected, have not been described in great detail. This book is intended not only for surgeons, but for medical students and practitioners who are interested in thoracic diseases which can be treated by surgery.

INSTRUCTIONAL COURSE LECTURES, Vol. XVII, The American Academy of Orthopaedic Surgeons, edited by Fred C. Reynolds. St. Louis: The C. V. Mosby Co., 1960.

Of the one hundred and eleven separate courses offered during the 1960 Instructional Course Program of the American Academy of Orthopaedic Surgeons, twenty-seven were offered for the first time and eighty-four were repeated from the previous year. This book contains course material not previously published in the Instructional Course Volumes. Among its contents are sections on fractures, bone graft surgery, children's orthopaedics, disability evaluation, and athletic injuries.

ALLEGANY-GARRETT COUNTY MEDICAL SOCIETY

LESLIE E. DAUGHERTY, M.D.
Journal Representative



Shown here is the Surgical Instrument Section of the Historical Society of Allegany County. This is one of the exhibits in the Allegany-Garrett County Medical Society's Medical Museum in Cumberland.

Little by little the collection grows. To date, more than two hundred instruments have been added, some dating from before the Revolution. The oriental rug is an antique which was owned by one of Cumberland's first physicians.

DR. VAN STRIEN HEADS HEALTH DEPARTMENT IN DUTCH WEST INDIES

Ton van Strien, M.D., has resigned as deputy state health officer for Allegany County and health officer of the City of Cumberland. He has been city health officer in Cumberland for the past three and a half years. Under his administration, these health departments have grown and become models for similar activities throughout the nation.

Dr. van Strien has accepted an appointment as director of health in the Dutch West Indies. His home will be in Willemstadt, Curacao.

Bon voyage and good luck, Ton.

PERSONALS

Dr. and Mrs. Calvin Y. Hadidian, Cumberland, have returned from vacationing at Cape May, New Jersey, and Long Island, New York, the home of Mrs. Hadidian.

After a visit to Tygart Lake, State Park, West Virginia, **Dr. and Mrs. Thomas F. Lewis,** Cumberland, motored on to Connecticut, where they were the guests of Mrs. Lewis's sister. A family reunion was held after the baptism of their youngest son, John Keller.

Dr. and Mrs. Richard E. Schindler, Cumberland, announced the birth of a daughter, Betty Jean, on July 17.

Physicians attending the AMA meeting in New York included **S. M. Jacobson, M.D.** and **Leslie E. Daugherty, M.D.,** Cumberland, and **E. I. Baumgartner, M.D.,** of Oakland.

People of obscurity are never vilified. Only those whose merits have placed them in the limelight are the targets for the attacks of envy and for the slanders of falsehood. Envy and malice are nothing more than homage rendered to superiority.

—The Essenes—From The New Age

BALTIMORE CITY MEDICAL SOCIETY

CONRAD ACTON, M.D.

Journal Representative

The regular meeting of the Executive Board on Tuesday, June 13, 1961, was the last of the current academic season. With **President Charles W. Wainwright, M.D.,** presiding, the Board disposed of a number of routine matters in rapid succession. Several proposed projects of the Woman's Auxiliary for the coming year were given approval. Appreciation for their initiative and energy was expressed.

Treasurer Russell Fisher, M.D., was directed to proceed with ousting of our dues-delinquents. Advance notice of the action to be taken will be sent with a reminder of the seriousness of a physician's not being a member of organized medicine. Dr. Fisher was also designated official BCMS representative to the Baltimore Association of Commerce. We have been a member of this civic organization for more than seven years. In former years, the president has represented us. It was felt, however, that continuity of attendance was important and that the treasurer was in a better position than most of the members of the Board to provide this liaison.

The unexpired term of **J. Elliot Levi, M.D.,** as a delegate to the Faculty was called to the Board's attention. Dr. Levi has become a vice president of the Faculty and is no longer eligible to be our delegate. It was felt that his alternate, **William G. Speed, III, M.D.,** should succeed him as delegate and that an alternate be selected in his place. This matter was referred to the Nominating Committee.

Baltimore City's Medical Care Program, implementing the Kerr-Mills Bill for medical assistance to the aged, came up for considerable discussion. The schedule and procedures are little more than an extension of the state's present plan for the *totally* indigent. It *requires* that any specialist, laboratory, or x-ray studies be done in *hospital clinics.* In view of the widening horizons implied in the term *"Medically* Indigent," such a restrictive policy does two undesirable things: first, it limits the free choice of physician by not permitting private physicians to do necessary consultation and technical procedures; second, it maintains the hospitals in their present status with regard to the corporate practice of medicine.

Regretted further was the adoption of the plan without referral to the City Medical Society. The plan is presented to us *fait accompli* with the putative endorsement of the "Baltimore City Advisory Committee on Medical Care." The Baltimore City Advisory Committee on Medical Care is composed of the chairmen of several Baltimore medical groups, directors of the larger hospitals, individual appointees, and Dr. Wainwright, as president of the Baltimore City Medical Society. President Wainwright declared that he was unaware of the intent and purpose of this matter when it was presented at the meeting he attended. He was not advised of the agenda in advance. He did not raise his voice against it. He intends to review the whole matter with the Commissioner of Health to try to bring the Medical Assistance to the Aged procedure in line with AMA policy.

* * * * *

The first of two items for consideration at a special meeting of the Executive Board on July 5 was **President Wainwright's** report of a conference which he and **President-elect Tilghman** had with the Commissioner of Health regarding Medical Assistance to the Aged under the Baltimore Medical Care Program. **J. Wilfred Davis, M.D.,** chief of the Baltimore City Health Department Medical Care Section, and **Matthew L. Tayback, M.D.,** chief of the Baltimore City Health Department Division of

Research and Planning, who were also present at the conference, had come to discuss the matter further with the Board.

Dr. Tayback briefly reviewed the background and declared that the City Health Department acted to implement, not to originate, the policies of the Maryland Medical Care Committee as they apply to Baltimore City. Dr. Tayback, reminding the group that the Maryland Medical Care Committee was instituted under leadership of the late M. C. Pincoffs, M.D., in 1948, acknowledged the intense dispute which resulted in having a *county FEE-FOR-SERVICE* schedule and a *city CAPITATION* schedule. He defined "totally indigent" as comprising those people who had insufficient funds for housing, clothing, and food. Individuals so certified by the welfare authorities were provided medical care under the Medical Care Plan, statewide. Under this concept of total indigency (by the city's capitation method), indigents, who had evolved by then to become a burden on hospital clinics almost entirely, were, in part, returned to the care of practicing physicians. The hospital clinics were reserved to provide the consultation and diagnostic services which private general practitioners were not equipped to do and which private specialist practitioners were loth to extend to the *completely* indigent group, except in clinics for teaching and research purposes.

Medically indigent individuals Dr. Tayback defined as those who have enough annual income for subsistence housing, clothing, and food but cannot take care of themselves in medical affairs. Subsistence annual income is arbitrarily set by any controlling authority. He admonished all members of the Executive Board to get a copy of the Kerr-Mills Bill and become familiar with it. In the Bill, medical care for the aged is spelled out. Defined as *medically* indigent under the Kerr-Mills program are single people over 65 with an annual income below $1,140 and couples over 65 with income below $1,650.

Under the Kerr-Mills Bill, the Federal Government provides 50 per cent of *any* amount budgeted by a state for medical assistance to the aged, provided it is used a) in a statewide program, b) without residency requirements, c) for both in- and out-patient services. Thanks to the foresightedness of our early planners, Maryland promptly qualified, under its State Medical Care Plan, for Kerr-Mills benefits. The Federal Government, however, does not permit one method of payment in one part of a state and a different method in another. For this reason, the Fee-For-Service method of reimbursement in the twenty-three counties was ultimately and arbitrarily applied to the City, even though Baltimore had found the capitation or panel system more suitable for its special situation. Provision of diagnostic and consultative services through hospital clinics only was continued, in the absence of any protest, as before in the protocol finally sent forward for Federal review and was approved.

Of course, Dr. Tayback admitted, everyone is thinking ahead toward the time when income levels will be raised and the age limits dropped. Any changes from the present program, however, will put an entirely different complexion on the matter and give opportunity for other changes, he said. He advised that we get along "as is" until such time as changes are proposed. Then the program would have to be renegotiated. He felt that would be the time to invoke the principles under discussion.

Dr. Tayback regretted that there had not been closer liaison between the City Society and the State Health Planning Committee, so that the objections now being raised could have been considered. He reiterated to the Executive Board that the desire of the Health Commissioner was to cooperate and conform to the best standards of medical practice at all times.

A suggestion was made that the City Society should have a better and more effective liaison with the Baltimore Medical Care Advisory Committee. Perhaps three members appointed for five-year overlapping terms could be effective. Physicians representative of the Society and interested in welfare and medical care problems would be more effective than an ex-officio attendance of the incumbent president of the Society.

President Wainwright emphasized that the conference with the Commissioner of Health, **Huntington Williams, M.D.,** was agreeable and that he believed Dr. Williams' feelings echoed those of practitioners generally. The prospect that *any* change would cause a review of the plan and procedures was gratifying. He admitted that the low income limit *at present* makes private patient care with regard to consultations, laboratory, and x-ray services most unlikely, but steadfastly insisted that the basic principles must be upheld.

Departure therefrom is at our peril. President Wainwright reiterated that objections of the Executive Board were purely on the matter of principle. There was reason for apprehension as all such plans inevitably are extended as time goes on. He was concerned with better liaison in the future and getting away from the capitation on the one hand and from the hospital practice of medicine on the other hand. Doctors Davis and Tayback departed, assuring that any alterations or extensions of the health care for the aged plan, especially with regard to lowering the age limit or elevating income levels, would be the basis for consideration and re-consideration of the protocol, which could entail extensive rewriting of the Medical Care Plan in Maryland. In such review and change of procedure, the use of private practicing specialists in consultation or special therapy would be given consideration.

The second object for discussion at the special meeting had to do with establishment of a care of the aged center at a private hospital. A past chairman of the City Society Section of Geriatrics sent an outline of the clinic proposed "for the *comprehensive and total care* of the medically indigent and aged" and incorporating at the private institution a Baltimore City Health Department Well-Baby Clinic.

It was pointed out that the hospital concerned is a private institution. For a private institution to proceed along these two lines violates principles of medical practice by being, in fact, the corporate practice of medicine. This is in direct conflict with the Baltimore City Health Department's proposed programs for the care of the aged. Letters expressing BCMS official opposition to these proposed programs are to be forwarded through channels.

MONTGOMERY COUNTY MEDICAL SOCIETY

DeWITT E. DeLAWTER, M.D.
Acting Journal Representative

MONTGOMERY PHYSICIANS HOLD 'WELCOME DOCTOR' CONVENTION

To help new physicians in establishing their practice in Montgomery County, the Montgomery County Medical Society is holding a welcoming meeting on September 19, 1961, at 6:00 P.M., at the Indian Spring Country Club.

Those who render adjunct services are invited to meet the new physicians. The Health Officer and key members of his staff are invited to come and present a short orientation of the County Health Department's services. The Health and Welfare Council is invited to send a speaker to briefly present the services available from various voluntary agencies. Drug detail men, surgical suppliers, and office furnishing firms may be on hand to welcome the new doctor in Montgomery County and allow him to compare various values, goods, and services at one time.

This meeting is scheduled to end at 7:30 p.m., when the new doctors are invited to attend the general dinner meeting of the Medical Society.

Charles Farwell, M.D., the regular appointed State Journal Representative, is in Europe through the month of July for studies. **DeWitt E. DeLawter, M.D.,** is acting in that capacity.

The Obstetrical and Gynecological Department of Suburban Hospital, as of July 1, 1961, has become affiliated with the Department of Obstetrics and Gynecology of the University of Maryland School of Medicine. Second year residents of the University of Maryland program will be on service at Suburban Hospital from now on. **George A. Maxwell, M.D.,** has been appointed by both the University of Maryland and by Suburban Hospital as the director of medical education of the University of Maryland resident program at Suburban Hospital.

The directors of the American Academy of General Practice at their regular spring meeting (June 24-25) appointed **Katharine A. Chap-**

man, M.D., Kensington, to serve on the Ross Award Committee.

Merrill M. Cross, M.D., Silver Spring, has been appointed chairman of the Liaison Committee on National Defense of the American Academy of General Practice.

Seymour J. Kreshover, M.D., Bethesda, associate director of the National Institute of Dental Research, received an honorary Doctor of Science Degree from the University of Buffalo. He already held doctorate degrees in three fields: medicine, dentistry, and philosophy. A noted pathologist, he has been in charge of all research for the National Institute of Dental Research since 1956 and has served on important research committees for the National Research Council, U. S. Public Health Service, Virginia Council on Health and Medical Care, and numerous other agencies. Doctor Kreshover is president-elect of the International Association for Dental Research and a Diplomate of the American Board of Oral Medicine.

A new nursing home in Montgomery County —Bel Pre Nursing and Convalescent Home— is now open. Bel Pre Nursing and Convalescent Home has been planned, built, and is operated by Montgomery County physicians. This beautifully designed home is situated on fourteen acres adjacent to Argyle Country Club. It is completely fireproof and offers registered nurse coverage twenty-four hours a day.

UPPER EASTERN SHORE MEDICAL SOCIETY

A. F. WHITSITT, M.D.

Our twenty-first annual spring meeting and the eighty-first quarterly meeting was held at Fisherman's Wharf Marina, Inc., Rock Hall. The guest speaker was **Leonard Scherlis, M.D.** Other guests were **Jack Sargeant,** executive secretary of the Medical and Chirurgical Faculty, and **Charles F. O'Donnell, M.D.,** president-elect of the Medical and Chirurgical Faculty.

Howard F. Kinnamon, M.D., the president of the Faculty, is a member of the Upper Eastern Shore Medical Society.

More than 50 per cent of the physicians from the four-county society attended this meeting. From Kent County, eleven of the fourteen members were present. From Queen Anne's County, five of the nine members attended. Caroline County was represented by four of its eleven members, and Talbot County by thirteen of its thirty-one members.

POSTGRADUATE COURSES

The following postgraduate courses will be given at the University of Maryland School of Medicine.

BASIC ELECTROCARDIOGRAPHY
November 2, 3, and 4, 1961

NEUROPATHOLOGY FOR PATHOLOGISTS
November 13-17, 1961

Enrollment is limited in both courses to allow for highly individualized instruction. For complete information, write or telephone the Office of Postgraduate Education, University of Maryland School of Medicine, Baltimore 1, Maryland. PLaza 2-1100, extension 278.

The Heart Page

J. Michael Criley, M.D.—*Editor*

A SERVICE OF
THE HEART ASSOCIATION OF MARYLAND

EXTRACORPOREAL HEMODIALYSIS

INDICATIONS AND LIMITATIONS

C. Robert Cooke, M.D.*

Some of the indications for hemodialysis in a variety of situations are discussed, and several of the conditions which may require the use of this technique are reviewed. The artificial kidney is most effective when used in the treatment of acute renal failure or as an adjunct to the treatment of acute intoxications. Hemodialysis in the treatment of patients with chronic renal insufficiency requires further clarification before indications other than those discussed can be established.

HEMODIALYSIS by the artificial kidney is an effective and safe method of temporarily correcting abnormalities which arise in the composition and volume of body fluid compartments as a consequence of severely depressed renal function (1). The clinical applicability of this technique has also been demonstrated in the treatment of various types of serious intoxication. Until recently, the specialized nature of hemodialysis has limited its general availability, and many physicians have not had the opportunity of becoming familiar with the many aspects of its use. Now, however, the acquisition of dialyzing units by smaller hospitals and the ability to transport patients to centers where the facilities and trained personnel are available make it essential for all physicians to have an adequate understanding of the indications for this procedure and its limitations.

Since hemodialysis attains its highest level of usefulness in the treatment of various forms of acute renal failure, the use of the artificial kidney in this situation will be considered first. In addition, the indications for hemodialysis in acute renal failure are more clearly defined than those which govern its use in other conditions, and a more dogmatic approach to therapy is possible.

Acute renal failure

IT IS BECOMING increasingly apparent that many of the "complications" which contribute directly or indirectly to the death of patients with acute renal failure are, in fact, inseparable features of the uremic syndrome, arising as a direct consequence of the altered physiologic state which characterizes this condition. Anorexia, nausea and vomiting, convulsions, and decreasing alertness progressing to coma may be correlated reasonably well with the rising level of urea and other potentially toxic dialyzable substances. Grollman and his associates have demonstrated by animal experiments that elevation of urea alone may be associated with definite toxic manifestations, although the mechanism of this action remains obscure.

As uremia progresses, aspiration and hypostatic pneumonia occur with increasing frequency. Resistance to infection diminishes. Wound healing is delayed, and the complications of wound infection and dehiscence occur more readily. The hemorrhagic manifestations of uremia add to the difficulties of management, and pulmonary em-

*Fellow in Medicine, Department of Medicine, Johns Hopkins Hospital.

bolism is a constant threat to the bed-ridden comatose patient.

Teschan has demonstrated the value of early dialysis in preventing the development of many of these potentially lethal features of the uremic syndrome (2). Dialysis should be performed before the more serious signs of deterioration appear, and the patient should not be allowed to become comatose before the procedure is considered. Most patients will become symptomatic when the serum urea nitrogen reaches levels between 100-150 milligrams per 100 milliliters, and hemodialysis is considered by many to be indicated at this point. An arbitrary level such as this cannot be established and applied to all patients, however; all of the other factors involved in each instance must be carefully appraised.

Strict attention to the problems of fluid and electrolyte balance and utilization of measures to control hyperkalemia and acidosis will, in most instances, decrease the urgency and frequency with which hemodialysis need be considered. In some patients, however, hyperkalemia may be uncontrollable by other means, and hemodialysis may be indicated as an emergency procedure. This complication will occur most frequently in severely traumatized patients in whom the release of potassium from large hematomas or from necrotic, devitalized tissue may result in rapid and alarming elevation of serum potassium to dangerous levels (3). The serious potentialities of this situation should be fully realized. The occurrence of gastrointestinal bleeding, which necessitates frequent transfusion, or the development of sepsis with high fever may also contribute to the elevation of serum potassium. The use of ion exchange resins or glucose and insulin may be adequate to prevent serious toxic manifestations.

Hemodialysis with the artificial kidney is an efficient means of lowering serum potassium to less hazardous levels. "Regional heparinization" provides a means of accomplishing this with a minimum of increased risk from hemorrhage (4). Subsequent management is often facilitated by the removal of a large amount of potassium by hemodialysis, and hyperkalemia may be more easily controlled for several days after this procedure.

Severe acidosis (serum CO_2 below 12-15 milliequivalents per liter) may also be an urgent indi-

cation for hemodialysis when the administration of sodium bicarbonate or lactate is contraindicated by an overexpanded extracellular fluid volume. This is a frequent problem in acute renal failure from any cause, and a severe acidosis may be impossible to correct without the utilization of dialysis to simultaneously remove excess fluid. Much of the clinical improvement noted after hemodialysis may be attributed, in part, to the correction of acidosis. The nausea, vomiting, and somnolence of the uremic syndrome may be alleviated by the establishment of more normal acid-base relationships.

Intoxications

HEMODIALYSIS has been used successfully in the treatment of various acute intoxications and is a useful adjunct to more conservative measures in these life-threatening situations (5). Barbiturates, salicylates, glutethimide (Doriden®), bromides, methanol, ethanol, and diphenylhydantoin are only a few of the substances which may be removed from the body by this technique. The dialysis of many other toxic agents has been investigated clinically and experimentally, and the efficiency of the technique is firmly established.

During a comparable period of time, the removal of the barbiturates by hemodialysis greatly exceeds the rate of renal excretion even under the most satisfactory conditions of hydration and adequate urine flow (6). This results in rapid lowering of drug levels in the blood and tissues and significantly shortens the period of severe central nervous systems depression.

Many of the complications of prolonged coma may be avoided and recovery significantly hastened. It is not unusual to observe progressive return of deep tendon reflexes and spontaneous respiration, decrease in depth of coma and responsiveness to painful stimuli, and eventually, return of consciousness during a four to six hour period of dialysis. This response will depend on the level of the drug in the body at the beginning of the procedure and the type of barbiturate taken. Severe phenobarbital intoxication may occasionally require more than the usual six to eight hours of dialysis, whereas sodium amytal and other quick-acting derivatives rarely require more than this for satisfactory management. Me-

ticulous supportive care is still essential in each instance, and hemodialysis should not be substituted for careful attention to the important problems of maintaining adequate respiration and preventing circulatory collapse.

The treatment of acute salicylate and bromide intoxication by hemodialysis is similarly effective. The shortened period of morbidity and rapid reversal of coma offer the same advantages as those noted in the treatment of barbiturate intoxication (7, 8). The high incidence of central nervous system damage in acute salicylate intoxication increases the urgency with which therapy must be initiated and is another indication for hemodialysis (7). The increased bleeding tendency associated with depressed prothrombin levels is not usually considered a major contraindication to dialysis. Management of this complication may be facilitated by removal of the toxic agent.

Ethyl and methyl alcohol are rapidly cleared from the body by hemodialysis. Many of the unfortunate sequelae of intoxication with the latter compound may be avoided by earlier treatment (9). Since the conversion of methanol to its more toxic metabolites is relatively slow, a large amount of the parent substance may be removed by dialysis before irreversible optic nerve damage occurs. It is not unusual for these alcohols to be ingested together, and differentiation of toxic manifestations may be difficult. If hemodialysis is to be effective, it should be performed promptly and in conjunction with other less specific therapeutic measures.

The treatment of various other acute intoxications may be facilitated by hemodialysis. The usefulness of this technique is by no means limited to the conditions which have been discussed. Nephrotoxic substances, such as bichloride of mercury, carbon tetrachloride, and lead, have not been considered in this section, since the indications for hemodialysis are the same as in the treatment of acute renal failure due to other causes.

Chronic renal failure

The role of hemodialysis in the treatment of patients with chronic renal insufficiency cannot be evaluated as readily as can the use of this technique in the situations previously considered. The procedure is definitely beneficial in carefully selected cases, however, and dramatic improvement may occasionally be observed. The nature of the underlying disease process and the severity of associated vascular changes will largely determine the responsiveness of the patient to dialysis and the duration of the clinical remission which follows. Patients with rapid clinical deterioration and severe hypertension with extensive vascular damage have, in general, derived little benefit from the procedure and have had brief periods of post-dialysis remission (10).

When rapid deterioration of function is not satisfactorily explained on the basis of progression of the primary disease process or when the diagnosis is not clear, a more vigorous approach is warranted; and hemodialysis may be indicated to improve the patient's condition prior to the performance of essential diagnostic or therapeutic procedures (11). Ureteral catheterization and retrograde pyelography may occasionally be required to determine the presence or absence of obstruction. Other procedures, including renal biopsy, may be necessary to determine the presence of superimposed infection and nephrotoxic or ischemic tubular damage. These procedures may be tolerated much better after hemodialysis and a reasonable basis for subsequent therapy may be established.

Hemodialysis may also be indicated in preparation for specific procedures to relieve acute or chronic urinary tract obstruction if significant improvement in renal function following surgery can be anticipated (10).

Although long term maintenance of patients with chronic renal failure is theoretically feasible by intermittent hemodialysis, there are serious practical limitations to this approach. The effectiveness of this procedure when used during acute exacerbations of chronic renal disease is well established and, unless the other indications discussed necessitate its use, the artificial kidney should be reserved for these situations. This concept may change with the development of newer techniques, but it seems unlikely that hemodialysis will ever be a suitable means of indefinitely maintaining patients with end stage chronic disease.

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BALTIMORE CITY HEALTH DEPARTMENT

HUNTINGTON WILLIAMS, M.D.
COMMISSIONER

P. O. Box 1877 Baltimore 3, Md. Plaza 2-2000: Extension 307

Learn To Do Your Part In The Prevention Of Disease

New Druid Health District Building Is Opened

On JULY 10 the new Druid Health District building, at 1515 West North Avenue, replaced the old and inadequate Druid Health Center, located at 1313 Druid Hill Avenue. This new Druid Health District building, which adjoins Branch No. 17 of the Enoch Pratt Free Library, on the corner of North and Pennsylvania Avenues, completes the series of five district buildings planned to provide health services for Baltimore residents on a neighborhood basis. The first modern district building to be completed was the Southern Health District building, at 1211 Wall Street, which was opened June 5, 1950. Next in order were: the Southeastern Health District building, at 3411 Bank Street, opened March 10, 1953; the Eastern Health District building, at 620 North Caroline Street, opened November 16, 1954; and the Western Health District building, at 700 West Lombard Street, opened November 24, 1959.

Among the facilities provided for residents of this most thickly populated Druid Health District are well baby and maternity clinics, chest and venereal disease clinics, dental clinics, and other services. They are for the people who are unable to pay for private medical care. The new building serves as headquarters for H. Maceo Williams, M.D., the District Health Officer, who is in constant consultation with the members of the medical profession.

Dr. Williams has served the district, one of the busiest and neediest in the city, since the Druid Hill Avenue building was opened in 1939. Under his guidance there has been a steady improvement in the control of communicable disease, lead paint poisoning in children, and other matters of public health significance. The opening of the new building should aid immensely in maintaining and continuing the progress toward a healthier city. Physicians are invited to visit the building and to discuss matters of mutual interest with Dr. Williams, the Health Officer.

Huntington Williams, M.D.
Commissioner of Health

PREPARE TO SAVE YOUR LIFE

"Disaster Preparedness" is the theme of an all-day civil defense seminar sponsored by the Woman's Auxiliary to the Medical and Chirurgical Faculty. It will be held Tuesday, October 31, at the Employment Security Building, 1100 Eutaw Street, Baltimore.

Registration will take place from 9:15 to 10:00 A.M. Luncheon will be available in the cafeteria, and parking facilities are a block away.

Program details will be announced.

Baltimore Area Council on Alcoholism

(Successor to Maryland Society on Alcoholism)

22 East 25th Street, Baltimore 18, Maryland TU 9-3553

Medical School Instruction On Alcoholism In Maryland, 1961

THE RECENT REPORT of the Maryland Commission on Alcoholism (February, 1961) reviewed in this column two months ago indicated the general lack of medical personnel effectively trained to treat alcoholics. This report indicts the *teaching hospitals and medical schools* as follows: "It would seem that these institutions are uninterested in teaching their physicians-to-be about alcoholism." This statement deserves some thought by the profession, for, if true, it should be brought to more general attention.

The following information has been assembled from conversation with teachers at both medical schools in Maryland and is descriptive of the year 1960-61. Gerald D. Klee, M.D., of the University of Maryland School of Medicine has been particularly helpful.

The University of Maryland and the Johns Hopkins University are quite similar in their teaching of the metabolism of alcohol. This subject is taught in the basic science years, and approximately three hours of total instruction in the courses of physiology, biochemistry, and pharmacology are allotted. A demonstration of one or more of the pharmacological effects of ethanol is usually presented to the class. About one hour is allotted in each school to the pathological effects of alcohol in producing disease, particularly of

FORMAL INSTRUCTION IN ALCOHOLISM AT MARYLAND MEDICAL SCHOOLS IN 1961

Required Courses

	Hours of Instruction	
	University	Hopkins
Preclinical years		
Physiology, Pharmacology	3	3
Pathology	1	1
Clinical years		
Psychiatry-Neurology	3	6*
Residency—Nonpsychiatric	0	0
Psychiatric Residency	12	6

Elective or Optional Opportunity

	Numbers participating	
	University	Hopkins
Student Elective in Alcoholism	—	3
Field Trips to Alcoholics Anon. etc.	—	6
Research in Alcoholism	3	15@
Alcoholic Clinics (Residents)	6	—

* Including trip to Alcoholic Rehabilitation Unit, Spring Grove
@ Including 12 paid subjects of studies of effect of alcohol

the liver, pancreas, and nervous system. Both universities employ extensive bedside teaching in the clinical years, and alcoholic patients make up a sizable fraction of the patients admitted to the hospitals. A survey of five hundred medical and surgical admissions at Johns Hopkins in 1959 indicated 13.8 per cent, or about one in seven of the teaching patients, had alcoholism as a problem. A similar survey at Baltimore City Hospitals indicated that 39 per cent of the acute medical patients were alcoholic. This service is used by both Hopkins and University students. There are no specific lectures on alcoholism at either university in the clinical years; informal instruction in beside teaching and rounds covers this subject.

In psychiatry and neurology, lectures dealing with various aspects of alcoholism, totalling about three hours, are delivered to all levels of students. The Hopkins curriculum includes a visit to the Spring Grove Rehabilitation Unit.

No formal instruction or lectures in the care of the alcoholic are specifically offered to house officer or residents on services other than psychiatry, though all services care for alcoholics and discuss the proper care in informal conferences and during rounds. Neither university nor their teaching hospitals use lectures extensively in residency training. The training program for psychiatric residents, however, does offer specific work with alcoholics; approximately twelve hours of conferences at University and six hours at Hopkins are presented. In addition, University has an alcoholic clinic in which about one-third of the residents undertake special work.

Optional work or electives are available to all levels of students and residents at both universities; however, the numbers that participate are appallingly small. At Hopkins, a student elective proved unpopular. Field trips to such community facilities as an Alcoholics Anonymous meeting and Valley House were somewhat better received. A few participate in research or undertake special clinical work.

Both universities undertake refresher courses for Maryland physicians. Doctors practicing in the Baltimore and surrounding areas often come to one or the other hospital for grand rounds or special conferences. Review of nine programs covering 136 presentations from both schools revealed but one paper dealing with alcohol or alcoholics. (Effect of Smoking and Alcohol on Coronary Artery Disease). It is noteworthy that alcoholism is but seldom the topic of a grand rounds presentation.

What does the future hold? Only as more and more physicians recognize alcoholism as a general medical disease will more and better instruction in its treatment and control evolve. As the social stigma of alcoholism lessens and we admit alcoholics to our teaching hospitals and *call them alcoholics,* then teaching, research, and treatment will be rendered for alcoholism rather than the ill-defined "chronic fatigue," "gastritis," or "chronic brain syndrome."

Conclusion: Formal instruction in the physiology, pharmacology, and pathology of alcohol is good at both of Maryland's medical schools, but instruction in the causes and treatment of alcoholism is deficient. The community or public health aspects of alcoholism are not taught. Optional courses or opportunity for instruction is adequate at both schools, but this opportunity is poorly utilized.

Since the survey was prepared, a report of similar findings for all medical schools in the United States and Canada was made. See Joseph Hirsh "Alcoholism as a Topic of Teaching in the Undergraduate Curriculum" Quart. J. of Stud. on Alcohol **22**:135 (1961).

Frank L. Iber, M.D.

BLUE CROSS AND BLUE SHIELD NON-GROUP ENROLLMENT

C. Adam Bock, Jr.*

PERHAPS THE LEAST understood phase of the various Maryland Blue Cross-Blue Shield operations is that of the non-group enrollment program. About thirty-five thousand people are protected through this program at present, and this membership is growing steadily.

Non-group enrollment was initiated in 1954, so that Blue Cross and Blue Shield could be made available to many Marylanders who are not eligible for group coverage. To be acceptable applicants must be in "reasonably good health," which means that they must meet the Plan's established underwriting "norms" developed from the views and studies of many specialists in the underwriting field, both physicians and laymen. The benefits available have been steadily improved since the program's inception. Today, a person who has a non-group membership is eligible for the identical benefits, with the same waiting periods as those of our standard program, with the exception that benefits may be permanently excluded for certain pre-existing conditions. There is no age limit for these applicants, but all must meet the prescribed medical qualifications. This brings us to the subject of why and how we medically underwrite non-group applications.

From time to time a physician will inquire of our office why a patient of his was rejected for Blue Cross or Blue Shield membership. The inquiry usually includes a statement such as, "I know scores of people who have been given Blue Cross and Blue Shield who are in poorer health. On what grounds could you possibly turn down my patient? He only has a mild case of hypertension." What the doctor does not realize is that his patient applied for a non-group membership, whereas the "scores" he refers to joined Blue Cross on a group basis. The doctor might be familiar with our group enrollment; he might realize that under this program there are no medical qualifications for membership.

Under the group program we use other methods of protecting our plans from the risk of adverse selection. We accept new groups only when 75 per cent of eligible employees desire membership; thus we are able to obtain a normal risk distribution. Furthermore, group applicants may obtain coverage only when first hired or during the company's annual re-enrollment period. This prevents persons from taking Blue Cross or Blue Shield at their discretion with the intention of using benefits immediately.

In our non-group program there are no such safeguards. We have no similar "universe" (group of employees) upon which we can base a percentage requirement; so, to prevent our enrollment from becoming overloaded with substandard risks, we must look to the past and present condition of an applicant's health.

After a non-group application card, which includes a short form health statement, has been submitted, it may be necessary for the non-group department to request additional information. A questionnaire is then sent to the applicant to be signed by him and forwarded to his physician, authorizing the doctor to give Blue Cross and Blue Shield more detailed information concerning his health. The longer form health statement, completed by the physician, asks for such information as "physician's diagnosis, date of illness, laboratory findings, treatment rendered, degree of recovery, residual condition, other ailments treated, and estimate of present condition." We also require on this form the patient's height, weight, and blood pressure. Usually we receive all the information needed, but occasionally we must ask the physician for further clarification. We are certainly aware that completing reports such as these is time consuming, and we, as well as our subscribers, appreciate the understanding and cooperation shown by the doctors involved.

*Manager of the Maryland Blue Cross-Blue Shield Underwriting Department.

When all available data is at hand, the underwriter makes his decision. The applicant may be accepted without reservation; a specific exclusion of benefits for a specified condition may be applied; or the applicant may be rejected.

Blue Cross and Blue Shield recognize their obligation to make their programs available to as many persons as possible. But in fairness to all subscribers, the plans cannot enroll on a non-group basis persons who are abnormally poor health risks.

CALENDAR OF EVENTS

► Tuesday, September 26 ◄

ANESTHESIA STUDY COMMITTEE
8:00 P.M. 1211 Cathedral Street

► Tuesday, October 3 ◄

HEART ASSOCIATION OF MARYLAND
MARYLAND SOCIETY OF INTERNAL MEDICINE
SECTION OF INTERNAL MEDICINE, B.C.M.S.
Annual Scientific Sessions
Zamoiski Auditorium
Sinai Hospital
Details on Page 471

► Friday, October 6 ◄

BALTIMORE CITY MEDICAL SOCIETY
8:30 P.M. 1211 Cathedral Street

► Monday, October 9 ◄

SACRED HEART HOSPITAL
MEDICAL STAFF
11:30 A.M.
School of Nursing,
Bellevue Street, Cumberland

► Wednesday, October 11 ◄

WOMAN'S AUXILIARY, B.C.M.S.
12:00 Noon
1211 Cathedral Street
Legislation: Karl Mech, M.D., and Mr. John W. Pompelli

MARYLAND SOCIETY FOR MENTALLY RETARDED CHILDREN
GREATER BALTIMORE CHAPTER
9:00 P.M., 2525 Kirk Avenue

Dr. Dorothy Hutchison, chairman pre-school service committee, will present a panel on the needs and existing facilities for the pre-school retarded group.

► Thursday, October 12 ◄

MARYLAND PSYCHIATRIC SOCIETY
8:15 P.M. Sheppard and Pratt Hospital
John W. Mason, M.D., speaker
Lawrence S. Kubie, M.D., discussant

This year the Membership Directory is being published as a separate book. It is available upon request. Cost to non-members of the Medical and Chirurgical Faculty of the State of Maryland—$2.00 per copy.

Membership Directory
Maryland State Medical Journal
1211 Cathedral Street
Baltimore 1, Maryland

Please send .....Membership Directories to:

Name .....

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☐ **Payment enclosed** ☐ **Send invoice** ☐ **Member of Medical and Chirurgical Faculty**

THE MARYLAND ACADEMY OF GENERAL PRACTICE

(A constituent chapter of the American Academy of General Practice)

THE THIRTEENTH ANNUAL SCIENTIFIC ASSEMBLY of the Maryland Academy of General Practice will be held at the Tidewater Inn, Easton, Maryland, on Saturday and Sunday, October 7 and 8, 1961. The program for the two day session is as follows:

Saturday, October 7, 1961

9:30 A.M. Registration

10:00 A.M. Milton S. Sacks, M.D., Baltimore
Drug Induced Blood Dyscrasias

10:40 A.M. J. Robert Willson, M.D., Philadelphia
Obstetric Difficulties

11:20 A.M. Edmund J. McDonnell, M.D., Baltimore
Office Pediatric Orthopedics

Noon Round Table Luncheon

1:30 P.M. Panel Discussion on Morals in Medicine. Andrew C. Mitchell, M.D., Salisbury, Moderator. A representative of each of the three faiths, Protestant, Catholic, and Jewish, will be participants.

3:30 P.M. Annual Business Meeting

6:30 P.M. Reception and Cocktail Hour

7:30 P.M. Annual Banquet

9:00 P.M. Entertainment and Dancing

Sunday, October 8, 1961

9:30 A.M. Registration

10:00 A.M. Patrick C. Phelan, Jr., M.D., Baltimore
New Treatment of Burns

10:30 A.M. C. Parke Scarborough, M.D., Baltimore
The Role of Plastic Surgery in the Practice of Medicine

11:00 A.M. F. Ford Loker, M.D., Baltimore
Minor Surgical Office Procedures

Noon Round Table Luncheon

1:30 P.M. Panel Discussion on Cardiac Disturbances
Nathan E. Needle, M.D., Baltimore, Moderator
Participants:
Henry J. L. Marriott, M.D., Baltimore
Clinical vs. Electrocardiographic Diagnosis of Heart Disease
R Adams Cowley, M.D., Baltimore
Use of Surgery in the Correction of Heart Defects
Jonas R. Rappeport, M.D., Baltimore
The Psychiatric Factor in Treatment of Heart Disease

3:30 P.M. Adjournment

Note: Each lecture will be followed by a ten minute question and answer period.

A delightful program has been planned for the ladies by Mrs. Donald F. Bartley. Saturday noon they will be guests of the Academy at a luncheon at the Talbot County Country Club. This will be followed by either an afternoon of bridge or a tour of one of Talbot County's historical homes and gardens. On Sunday afternoon the ladies will be taken on a cruise aboard a private yacht around the waterways of Talbot County.

STATE OF MARYLAND

DEPARTMENT OF MENTAL HYGIENE

Isadore Tuerk, M.D., Commissioner

Kurt Gorwitz, Statistics Director

Patient Statistics for 1961 Fiscal Year

THE TOTAL NUMBER of patients receiving treatment in Maryland's six mental hospitals reached a record 19,473 during the fiscal year ending June 30, 1961. This represents an increase of 509 or 2.7 per cent over the previous year; however, due largely to the substantial increase in live discharges, the average resident population declined (for the fifth consecutive year) to 10,730, the lowest annual figure since 1954. In the last five years, the average daily number of patients per 100,000 total Maryland residents has declined nearly 17 per cent (from 407 to 340).

This improvement has been confined to the men and women cared for in the psychiatric inpatient facilities maintained by this Department. The number of mentally retarded patients at Rosewood continues to increase steadily. At the end of the year there were 2,315 patients at the training school. Despite the establishment of a waiting list, Rosewood's population increased by 56 in the last twelve months. Only an expansion of community services, facilities, and programs can reduce the steadily continuing rise in our mentally retarded hospital population.

One vital aspect of the continuing community problem of mental illness is the annual rise in admissions to mental hospital facilities. During the past year, 5,498 men and women were accepted for treatment, the largest number ever reported. Recent admissions form an increasing proportion of our total patient population. Of the 19,473 men and women treated last year, a record 28.2 per cent had been admitted to the hospital during the same fiscal year. Although the steady increase in admissions is due to a variety of factors, one major reason is undoubtedly a growing awareness that a mental hospital is a treatment facility and not a custodial institution.

For the first time in this department's history, more than 4,700 patients were considered well enough to be returned to the community. It is most encouraging that our ratio of live discharges to admissions continues to increase. During the past year it reached a record 86 per cent. Although discharges increased 14.2 per cent over the previous year, estimated general fund expenditures of our hospitals rose only 8.0 per cent. In each of the past ten years, live discharges have increased at a faster rate than general fund expenditures. This progress is due to a number of factors, such as improvement in personnel-patient ratios, more modern methods of treatment, and greater public willingness to accept the returning patient and integrate him in the community's activities.

Although the recent trend in average hospital population is most encouraging, it should be clear that the overall problem of mental illness has not diminished appreciably. Future success depends largely on an expansion of cooperative effort by all public and private agencies concerned with helping the mentally ill.

The above brief summary is based on preliminary data. A complete report will be released about November 1.

MARYLAND TUBERCULOSIS ASSOCIATION
Christmas Seal Agency for State of Maryland
900 ST. PAUL STREET • BALTIMORE 2, MARYLAND

Drug Resistance Is Increasing

Studies in the United States and in Great Britain show that drug-resistant tuberculosis in previously untreated patients is on the increase. The public health as well as the clinical implications of this problem must be considered in planning programs in the future.

James W. Raleigh, M.D.

IF TUBERCULOSIS is to be eliminated, timing is vital. The principal drugs, streptomycin, isoniazid, and PAS (para-aminosalicylic acid), must be brought to bear while their potential is still at its height and before their value goes swirling down the drain with the widespread emergence of drug-resistant strains of tubercle bacilli.

The present situation with respect to infection by drug-resistant tubercle bacilli is by no means entirely clear.

In 1952, the Veterans Administration-Armed Forces Study Group reported on the initial streptomycin susceptibility pattern of more than two thousand tuberculosis patients admitted for treatment during the previous year who had no prior chemotherapy. Just over 2.5 per cent of these patients yielded cultures showing "primary," or pretreatment, resistance to streptomycin. It was concluded that streptomycin-resistant tubercle bacilli, however much of a clinical problem they might be, had not yet become an epidemiologic factor of importance.

Incidence up

In the Veterans Administration-Armed Forces 1957 study, the incidence of drug-resistant tubercle bacilli in untreated patients was up to 5 per cent. The Medical Research Council of Great Britain in a similar survey of previously untreated patients found primary drug-resistant strains in almost 4 per cent of those tested.

Later reports are even more disquieting. In 1958, two committees of the International Union Against Tuberculosis studied the occurrence of drug-resistant tubercle bacilli in patients admitted consecutively to seventy-two tuberculosis treatment centers in seventeen different countries of Asia, Europe, North and South America. Among 1,400 patients who had had no chemotherapy prior to admission, the incidence of drug-resistant tubercle bacilli ranged from 2.7 per cent to 19 per cent and averaged 6.5 per cent. The United States was well above the average with 8.7 per cent. Simultaneous resistance to two drugs occurred in 1.5 per cent; resistance to all three drugs was rare, but all five cases reported were from the United States.

The incidence of bacilli resistant to streptomycin, isoniazid, and PAS in patients with no history of previous treatment is, therefore, on the increase. If the 8.7 per cent incidence is correct for the nation as a whole, and if we have 75,000 new active cases of tuberculosis reported annually in the United States for the next few years, then each year at least 6,000 of the new cases will yield bacilli resistant to one or more of the three major drugs; roughly 2,500 resistant

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to isoniazid, 2,500 to streptomycin, and the remainder to PAS.

The United States Public Health Service has calculated that among the thirty-six million individuals in this country now infected by tubercle bacilli but not yet ill, the new active case rate will be approximately 85 per one hundred thousand per year for the next four or five years. If these relationships hold true, six thousand new active cases of tuberculosis with drug-resistant bacilli are actually a reflection of more than seven million individuals now infected by such bacilli, but not yet manifestly ill with tuberculosis. If the evolution in this group from infection to disease is more frequent or more rapid than usual, the population infected with resistant bacilli may be less than seven million; if, on the other hand, this transition in those infected with resistant bacilli (particularly isoniazid resistant) is slower or less frequent, the reservoir of drug-resistant tuberculous infection may be even greater than seven million.

Thus, it seems inescapable that in the drug resistance being discovered with increasing frequency among previously untreated patients, we are seeing only that small segment of the iceberg that rears above the surface.

What Price Resistance?

What can be done about this trend? The first step, of course, is to recognize that the emergence of drug-resistant tubercle bacilli is not merely a clinical handicap but also an epidemiologic fact. Our attitude toward drug resistance must be refocused to recognize its broad public health implication as well as its disadvantages to the individual patient.

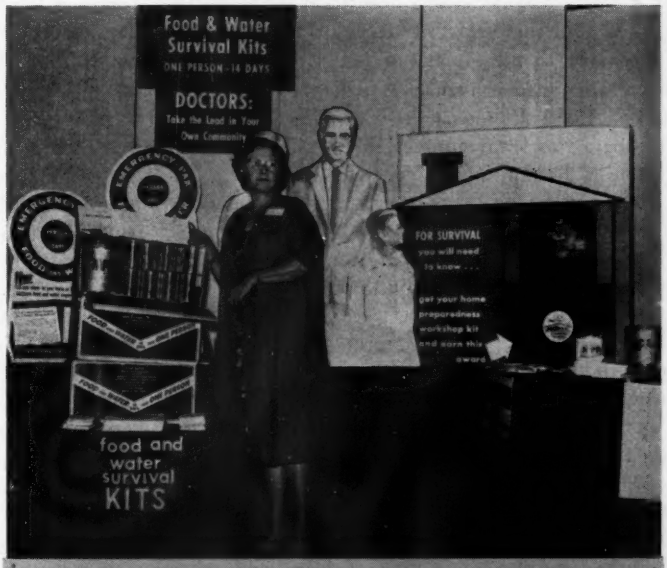
Chesterton, in one of his famous paradoxes, is quoted as saying, "Whatever is worth doing is worth doing badly." We sometimes seem to adopt this point of view in insisting that inadequate treatment of tuberculosis is better than no treatment at all. Token treatment with isoniazid alone has been prescribed for patients all over the world, many of them with far advanced tuberculosis, extremely poor nutrition, and socio-economic burdens of crushing magnitude. We will not cure them, we have argued, but a few months of bacteriologic remission and of clinical improvement is justified on public health grounds.

We must now begin to ask ourselves whether widespread infection by drug-resistant tubercle bacilli isn't too high a price to pay for such transitory benefits. What has always been recognized as inferior treatment from a clinical point of view seems now to be losing its justification from the public health point of view. The administration of isoniazid to patients who have no real chance of achieving complete control of their disease with this drug alone may be short-sighted public health practice as well as second-rate medicine.

Even in underdeveloped areas, the continued use of inadequate chemotherapy as a public health measure is not being recognized for what it is: a two-edged sword which may make the eventual control of tuberculosis in those areas more rather than less difficult than it need be.

Clinicians, too, need to sharpen their public health perspective in prescribing treatment. In planning the treatment of newly-diagnosed patients, information about the drug susceptibility of patients' organisms is essential. With the growing possibility of drug-resistant infection, pretreatment drug susceptibility studies are essential. Much of the delay and much of the reluctance of clinicians to wait for this information before starting treatment could be avoided if susceptibility studies were started routinely on the diagnostic sputum examination.

If for any reason one cannot await the results of pretreatment susceptibility tests, one may initiate treatment with a second-time combination, such as cycloserine and viomycin, or initiate treatment with all three major drugs, each given daily. In either instance, substantial therapeutic progress can be made with little risk and without risking the loss of susceptibility to one of the major drugs. Once the laboratory information is available, the drug treatment can be tailored to provide the most effective combination for the patient's specific needs.



Mrs. Neil W. Woodward, Oklahoma City, is shown with display of food and water survival kits. Mrs. Woodward is Civil Defense Chairman for the Woman's Auxiliary to the AMA.

DISASTER PREPAREDNESS

One of the most outstanding projects undertaken by the Auxiliary this year will be the all day meeting on disaster preparedness to be held October 31 at the new State Employment Security Building, 1100 North Eutaw Street, Baltimore. The meeting will begin at 9:30 a.m.

Mrs. John D. Young, Chairman of Civil Defense and her co-chairman, Mrs. Harold P. Biehl, with the cooperation of Mr. Shirley Ewing, Maryland director of Civil Defense, have spent many months in arranging this meeting. It will feature speakers of national prominence and demonstration of food packs, water purification in the home, self survival kits, and first aid. Although survival in the event of a nuclear attack will be stressed, procedures to be taken in any disaster, such as fire, flood, or earthquake, will be taught.

All members of women's clubs, nursing schools, and public schools, as well as doctors, are invited. We hope that there will be representation from all the counties in the state.

A complete program will be mailed to every doctor's wife several weeks in advance, but it is not too early to talk to community leaders about this excellent program.

Lunch will be available in the cafeteria at one o'clock, and ample public parking is available nearby.

Two From Maryland Get National Chairmanships

TWO OF MARYLAND'S delegation to the thirty-eighth annual convention of the Woman's Auxiliary to the American Medical Association were appointed chairman of national committees. Mrs. Albert E. Goldstein was named chairman of the Bylaws Committee, and Mrs. William S. Stone is Region Three chairman for A.M.E.F.

All fifty states were represented at the New York meeting, held June 26 to 28 at the Hotel Roosevelt. Official delegates from the Maryland Auxiliary were Mrs. Raymond V. Rangle and Mrs. Stone. Also present were Mrs. Goldstein, National director; Mrs. Norman Oliver, president of the Maryland Auxiliary; Mrs. Robert P. Conrad, president-elect of the Maryland Auxiliary; and Mrs. Howard L. Tolson, president of the Allegany-Garrett Auxiliary.

The AMA Auxiliary presented a check for $195,000 to George Lull, M.D., president of the American Medical Education Foundation. In addition, the combined total of loans and scholarships sponsored by state auxiliaries was $222,000. Ten thousand dollars was given to the American Medical Research Foundation, $10,000 to the American Medical Scholarship and Loan Fund, and $1,000 toward placing *Today's Health* in schools. These gifts help the medical profession by assuring the doctors of a continual supply of good medical students and trained nurses. The auxiliaries are energetic in disbursing health information at the community level.

The state reports reflected the degree of enthusiasm for certain Auxiliary projects over others, according to the needs of the particular area. Some areas had worked out elaborate programs for the aged, even going so far as to tape record the views of senior citizens on their needs in regard to health services. The auxiliary in another area provides a daily hot meal for elderly shut-ins. Other groups were particularly concerned with informing the public on poisons found in the home and on poison control centers. In this connection, Mrs. Stuart Sunday's work, as reported by Mrs. Oliver, on the Accident School for Mothers and Dads was received with interest.

Although the Maryland auxiliary has no committee on rural health, the Southern States have been quite active in this. All states vigorously contributed to fund-raising efforts for A.M.E.F. Ohio gave the largest amount, $24,019.19. Nevada, a state with no medical school, won the award for raising the most money per capita membership; one county of five members raised $61.60. Tennessee won the Ethel Gastineau Trophy for the greatest increase per capita. Maryland gave $1,612.64, or $1.71 per member.

Of the many good speakers on the program, the female speakers were outstanding. Mrs. James Berryman, of Washington, D. C., National Director of Volunteers of the American Red Cross, related how doctors' wives can project themselves into the community. Mrs. Louise Bushnell, program director, Women's Organizations, National Association of Manufacturers, titled her talk, "Who Knows Better?" Her theme was that doctors' wives, as well informed women, should take an active interest in community and national affairs.

Social activities included a tea at the United Nations headquarters, in honor of Mrs. William Mackersie, retiring president, and Mrs. Harlan English, who was installed as president during the convention. The annual luncheon in honor of the past presidents was held in the Palm Terrace of the hotel and featured Vincent Askey, M.D., retiring AMA president, as honored guest and speaker. A gala event of the convention was the inauguration ball for the new president of the AMA, Leonard Larson, M.D. This was held in the Grand Ballroom of the Waldorf Astoria.

1961 TRANSACTIONS, concluded

1961 Transactions

Part II (continued)

BUSINESS SESSIONS

SPECIAL MEETING
Saturday, July 23, 1960

MINUTES OF THE 233rd MEETING
Saturday, July 23, 1960

KEY TO MINUTES

Bold type for recommendations and resolutions that are adopted. CAPS AND SMALL CAPS for recommendations that are *not* adopted. *Italics* for motions which are adopted.

The 233rd (special) meeting of the House of Delegates of the Medical and Chirurgical Faculty was called to order at 3:20 p.m. by the President, Whitmer B. Firor, M.D., there being a quorum present.

The following delegates were in attendance:

Manning W. Alden, M.D., Anne Arundel County; John W. Ashworth, M.D., Baltimore City; Donald F. Bartley, M.D., Talbot County; Leon Berube, M.D., St. Mary's County; C. Holmes Boyd, M.D., Baltimore City; M. McKendree Boyer, M.D., Council; Henry A. Briele, M.D., Wicomico County; Howard M. Bubert, M.D., Council; D. Delmas Caples, M.D., Baltimore County; Robert vL. Campbell, M.D., Council; Ernest Cornbrooks, M.D., Baltimore City; Merrill Cross, M.D., Montgomery County; H. Vincent Davis, M.D., Cecil County; Melvin B. Davis, M.D., Baltimore County; John M. Dennis, M.D., Baltimore City; E. W. Ditto, Jr., M.D., Council; E. W. Ditto, III, M.D., Washington County; J. Sheldon Eastland, M.D., Council; Wm. Carl Ebeling, M.D., Council; Robert W. Farr, M.D., Council; Whitmer B. Firor, M.D., Council; Russell S. Fisher, M.D., Council; Albert Goldstein, M.D., Council; William E. Grose, M.D., Baltimore City; Herbert Gundersheimer, M.D., Baltimore City; J. Roy Guyther, M.D., Council; William Hagan, M.D., Prince George's County; John S. Haines, M.D., Baltimore City; Philip W. Heuman, M.D., Harford County; Page C. Jett, M.D., Calvert County; Arthur Karfgin, M.D., Baltimore City; Howard F. Kinnamon, M.D., Council; Bender B. Kneisley, M.D., Washington County; Louis Krause, M.D., Council; Robert LaMar, M.D., Worcester County; C. Rodney Layton, M.D., Queen Anne's County; John H. Long, M.D., Baltimore City; John G. Lyons, M.D., Anne Arundel County; W. K. Mansfield, M.D., Baltimore City; Morrell M. Mastin, M.D., Carroll County; Karl F. Mech, M.D., Council; Frank K. Morris, M.D., Board of Medical Examiners; Samuel Morrison, M.D., Baltimore City; W. S. Murphy, M.D., Montgomery County; Charles F. O'Donnell, M.D., Council; Wm. A. Pillsbury, M.D., Council; Harold Plummer, M.D., Caroline County; J. E. Queen, M.D., Baltimore City; G. C. Rawley, M.D., Somerset County; R. C. V. Robinson, M.D., Baltimore City; A. B. Rohrbaugh, M.D., Montgomery County; Louis R. Schoolman, M.D., Frederick County; E. R. Shipley, M.D., Baltimore City; A. Siwinski, M.D., Baltimore City; M. Strobel, M.D., Baltimore County; R. C. Tilghman, M.D., Council; J. A. Weinberg, M.D., Baltimore City; Hans Wodak, M.D., Prince George's County; Arthur O. Wooddy, M.D., Council; R. B. Wright, M.D., Baltimore City.

The following alternate delegates were also in attendance:

Frank Brumback, M.D., Washington County; David S. Clayman, M.D., Prince George's County; James P. Gallaher, M.D., Wicomico County; J. S. Green, M.D., Talbot County; O. S. Gulbrandsen, M.D., Kent County; Theodore Kardash, M.D., Baltimore City; William G. Marr, M.D., Baltimore City; Chas. O'Donovan, M.D., Baltimore City; Wm. G. Speed, III, M.D., Baltimore City; Thomas VanMetre, M.D., Baltimore City; Jesse L. Wilkins, M.D., Anne Arundel County; David R. Will, M.D., Baltimore City; E. E. Wolff, M.D., Dorchester County; A. O. Wooddy, M.D., Charles County.

The President stated that the meeting had been called in accordance with the Constitution, Article IX, Section 2, which provides that the House of Delegates may be called into special session on the request of ten members of the House of Delegates. Fourteen written requests for the meeting had been received, he stated.

He further stated that the action was precipitated by the request on the part of Blue Cross/Blue Shield to the

Insurance Commissioner for increases in rates and changes in the benefit structure.

Because resolutions can only be introduced into the House of Delegates through the Resolutions Committee and/or the Council, a special meeting of the Council had been held before the special meeting of the House of Delegates to consider six proposed resolutions for presentation to the House. These six proposed resolutions had been mailed to all of the House members on July 13, 1960.

The Council had considered these six resolutions and altered three of them by various amendments, rejected two of them, and submitted the sixth in its original form.

PRELIMINARY REPORT OF SURVEY BY OPINION RESEARCH CORPORATION

The President called on the Secretary to read preliminary information received from the Opinion Research Corporation on the survey conducted among physicians in Maryland. The Secretary reported briefly and stated that the figures were accurate within 5 to 8 per cent, plus or minus.

The President stated that no action would be taken on this preliminary report and that if there were any questions, Dr. Ebeling would try to answer them.

PROPOSED RESOLUTIONS #2A AND #2B

The President then stated that the proposed resolutions 2A and 2B had been rejected by the Council and would not be considered at this meeting.

PROPOSED RESOLUTION #3

The Secretary read the proposed resolution #3, as amended by the Council, a copy of which is attached hereto and becomes a part of these minutes.

REVISED PROPOSED RESOLUTION #3

WHEREAS, the House of Delegates of the Medical and Chirurgical Faculty of Maryland has defined pathology as included in the practice of medicine, and

WHEREAS, the House of Delegates of the Medical and Chirurgical Faculty in September, 1959, recommended that all pathology and radiology benefits now under Blue Cross be transferred to Blue Shield, and

WHEREAS, the House of Delegates of the Medical and Chirurgical Faculty in September, 1958, expressed disapproval of the extension of any out-patient benefits under the Blue Cross Contract in hospital out-patient departments, and

WHEREAS, the filing of June 30, 1960, Blue Cross or Blue Shield extends certain out-patient benefits under a joint Blue Cross/Blue Shield contract in hospital out-patient departments and physicians' offices, and

WHEREAS, the Council of the Medical and Chirurgical Faculty of Maryland in March, 1960, requested Blue Shield-Blue Cross to provide for out-patient benefits under Blue Shield for pathology, radiology, EKG's and EEG's in the basic contract which action the House of Delegates hereby affirms, and

WHEREAS, the Blue Cross and Blue Shield organizations have failed to comply with these recommendations, and

WHEREAS, the Executive Director of Blue Cross-Blue Shield, in a letter to the Executive Director of the Medical and Chirurgical Faculty, dated May 17, 1960, stated that a program for clinical pathology would be submitted to the Insurance Commissioner and this request was not included in the filing of June 30, 1960, and

WHEREAS, a detailed survey of the physicians of the State of Maryland dealing with Blue Cross-Blue Shield matters has been completed, therefore

BE IT RESOLVED, that the Insurance Commissioner of Maryland, the Special Investigative Committee of the Legislature (North Committee) be informed by transmittal of a copy of this resolution of the expressions of policy by the Medical and Chirurgical Faculty of Maryland, and

BE IT FURTHER RESOLVED, that the Insurance Commissioner be requested by letter from the Secretary to defer all action on providing out-patient benefits of any kind under Blue Cross until these differences can be resolved.

A question was raised as to why the resolutions 2A and 2B were rejected by the Council, and it was answered by the statement that the presentation of the other resolutions (#3, #4 and #5), made action on 2A and 2B no longer necessary.

It was then pointed out that "it was an unusual situation for a bunch of doctors to finally agree on something, and we agree basically—and especially those in Montgomery County—on four basic principles concerning Blue Cross and Blue Shield. . . ."

Action: On motion duly made, seconded and carried, it was voted to adopt Resolution #3 as presented to the House.

PROPOSED RESOLUTION #4

The Secretary read the proposed resolution #4 as presented by the Council, a copy of which is attached hereto and becomes a part of these minutes.

PROPOSED RESOLUTION #4

WHEREAS, the House of Delegates of the Medical and Chirurgical Faculty of Maryland went on record in September, 1958, as disapproving the extension of out-patient services in hospital outpatient departments under Blue Cross, and

WHEREAS, the Blue Cross organization has now filed for rate increases to provide just such services, and

WHEREAS, the medical profession in Maryland has defined the provision of radiology and pathology services as the practice of medicine, and

WHEREAS, the provision of these services under a Blue Cross contract would tend to imply they are hospital services, and

WHEREAS, this would be contrary to the Principles of Medical Ethics of the AMA, which all Faculty members are bound by,

BE IT THEREFORE RESOLVED, that the Medical and Chirurgical Faculty go on record as disapproving of the provision of these benefits under Blue Cross, and

BE IT STILL FURTHER RESOLVED, that the Medical and Chirurgical Faculty does approve of the provision of these benefits under a Blue Shield contract, where they properly belong.

In answer to a query as to why anesthesiology was ignored, it was stated that anesthesiology is not included or discussed in the proposals submitted to the Insurance Commissioner.

Action: On motion duly made, seconded and carried, it was voted to adopt Resolution #4 as presented to the House.

PROPOSED RESOLUTION #5

The Secretary read the proposed resolution #5, as

presented by the Council, a copy of which is attached hereto and becomes a part of these minutes.

PROPOSED RESOLUTION #5

WHEREAS, the Medical and Chirurgical Faculty of Maryland has never presented its views to the Insurance Commissioner of Maryland relative to Blue Cross-Blue Shield Insurance, and

WHEREAS, this type of insurance coverage is of great importance to the medical profession, as well as the public at large, and

WHEREAS, the Medical and Chirurgical Faculty is interested in providing high caliber of medical service in an economical manner consistent with ethical principles, and

WHEREAS, the Medical and Chirurgical Faculty is opposed to the sale of medical services as hospital services and the inclusion of medical services in hospital insurance contracts generally, and

WHEREAS, the Medical and Chirurgical Faculty opposes the extension of hospital out-patient services in competition with private practicing physicians and

WHEREAS, the Medical and Chirurgical Faculty will soon have further important information available from a comprehensive survey of physicians attitudes relative to Blue Cross-Blue Shield Insurance coverage in Maryland

THEREFORE BE IT RESOLVED, that the following recommendations are hereby made to the Insurance Commissioner of Maryland by transmittal of a copy of this resolution:

1. That, as soon as feasible, all pathology, radiology, and other medical services now included in the Blue Cross contract (Hospital Plan) for in-patients be transferred to the Blue Shield contract (Medical Plan).

2. That a mandatory rider be attached to the Blue Cross Policy of all subscribers not having Blue Shield coverage to cover these in-patient medical services.

3. That out-patient coverage for diagnostic procedures be provided in hospital out-patient departments and physicians offices in the Blue Shield contract only and in the basic contract.

4. That the Blue Shield rider described in paragraph 2 shall include out-patient diagnostic services in order to provide this type of coverage for Blue Cross subscribers not now holding Blue Shield contracts.

5. That the Insurance Commissioner not take any action on the addition of out-patient benefits in any Blue Cross contract until these recommendations can be given careful consideration.

6. That the Insurance Commissioner request representatives of the Medical and Chirurgical Faculty to present testimony to further amplify these recommendations during the forthcoming hearings for a Blue Cross-Blue Shield rate increase.

Various technical matters were raised and satisfactorily answered by those present.

Action: On motion duly made, seconded and carried, it was voted to adopt Resolution #5 as presented to the House.

(Because of some question on a verbal vote, those voting were asked to stand. The chair declared the motion carried on a standing vote.)

PROPOSED RESOLUTION #1

The Secretary read the proposed resolution #1 as presented by the Council, a copy of which is attached hereto and becomes a part of these minutes.

REVISED PROPOSED RESOLUTION #1

WHEREAS, there appears to be a diversity of interests between the Blue Cross and Blue Shield plans as they are presently constituted and working, and

WHEREAS, the same individual acts as Executive Director for both plans, and

WHEREAS, a special committee of the Faculty's Council appointed for this purpose recommended consideration be given by the Blue Shield Board of Trustees that there be a separate Executive Director for Blue Shield, and

WHEREAS, the Director of the National Blue Shield Plans has stated to the above-mentioned special committee, that there "is much to be gained and nothing lost," by such action, and

WHEREAS, the Council of the Medical and Chirurgical Faculty of Maryland, at its March, 1960 session requested the Board of Trustees of Blue Shield to consider this matter, and

WHEREAS, the House of Delegates of the Medical and Chirurgical Faculty, views this entire matter with considerable concern,

BE IT THEREFORE RESOLVED, that the Board of Trustees of the Blue Shield be urged to consider this suggestion with dispatch and promptness, as it has been accomplished in other areas where such separation has proved to be successful and the benefits have far outweighed any disadvantages.

A member of the House rose to compliment the present Executive Director for his integrity and stated, ". . . Maryland Executive Director of Blue Cross and Blue Shield stands head and shoulders above the great majority of the people I observed in that line of work."

Action: On motion duly made, seconded and carried, it was voted to adopt Resolution #1 as presented to the House.

There being no further business, a motion to adjourn was seconded and carried, at 4:20 p.m.

Respectfully submitted,

WILLIAM CARL EBELING, M.D., *Secretary*

SEMIANNUAL MEETING
Thursday, September 15, 1960

MINUTES OF THE 234th MEETING
Thursday, September 15, 1960

KEY TO MINUTES

Bold type for recommendations and resolutions that are adopted. CAPS AND SMALL CAPS for recommendations that are *not* adopted. *Italics* for motions which are adopted.

The 234th meeting of the House of Delegates of the Medical and Chirurgical Faculty of Maryland was called to order at 8:25 p.m., by the President, Whitmer B. Firor, M.D., there being a quorum present.

The following delegates (or alternates) were registered as being in attendance:

John G. Ball, M.D., Montgomery County; Donald F. Bartley, M.D., Talbot County; Leon Berube, M.D., St. Mary's County; M. McKendree Boyer, M.D., Council; Leo Brady, M.D., Council; Henry A. Briele, M.D., Wicomico County; Howard M. Bubert, M.D., Council; D. Delmas Caples, M.D., Baltimore County; Osborne Christensen, M.D., Wicomico County; David S. Clayman, M.D., Prince George's County; Ernest Cornbrooks, M.D., Baltimore City; Frank S. Damazo, M.D., Frederick County; Worth Daniels, M.D., Baltimore City; Leslie E. Daugherty, M.D., Council; H. Vincent Davis, M.D., Cecil County; Melvin B. Davis, M.D., Baltimore County; John M. Dennis, M.D., Baltimore City; John B. DeHoff, M.D., Baltimore City; E. DeLawter DeWitt, M.D., Montgomery County; Everett S. Diggs, M.D., Council; J. Sheldon Eastland, M.D., Council; Wm. Carl Ebeling, M.D., Council; W. L. Etienne, M.D., Prince George's County; Robert W. Farr, M.D., Council; Whitmer B. Firor, M.D., Council; A. Murray Fisher, M.D., Baltimore City; Russell S. Fisher, M.D., Council; Wetherbee Fort, M.D., Council; Albert Goldstein, M.D., Council; William E. Grose, M.D., Baltimore City; William Hagan, M.D., Prince George's County; Thurston Harrison, M.D., Talbot County; John F. Hawkins, M.D., Anne Arundel County; Philip W. Heuman, M.D., Harford County; John F. Hogan, M.D., Baltimore City; F. A. Holden, M.D., Baltimore County; Frederick Johnson, M.D., Charles County; Arthur Karfgin, M.D., Baltimore City; Bender B. Kneisley, M.D., Washington County; Robert LaMar, M.D., Worcester County; Henry P. Laughlin, M.D., Montgomery County; M. Elliot Levi, M.D., Baltimore City; John H. Long, M.D., Baltimore City; John G. Lyons, M.D., Anne Arundel County; John Mace, Jr., M.D., Council; W. K. Mansfield, M.D., Baltimore City; Morrell M. Mastin, M.D., Carroll County; Howard B. Mays, M.D., Baltimore City; Karl F. Mech, M.D., Council; Frank K. Morris, M.D., Board of Medical Examiners; Samuel Morrison, M.D., Baltimore City; Waldo B. Moyers, M.D., Council; W. S. Murphy, M.D., Montgomery County; Charles F. O'Donnell, M.D., Council; Wm. A. Pillsbury, M.D., Council; J. E. Queen, M.D., Baltimore City; Leland B. Ransom, M.D., Allegany-Garrett County; Robert Riley, Jr., M.D., Anne Arundel County; R. C. V. Robinson, M.D., Baltimore City; A. B. Rohrbaugh, M.D., Montgomery County; Louis R. Schoolman, M.D., Frederick County; John Scott, M.D., Baltimore City; E. R. Shipley, M.D., Baltimore City; A. Siwinski, M.D., Baltimore City; John R. Smith, Jr., M.D., Queen Anne's County; John Spence, M.D., Baltimore City; Douglas Stone, M.D., Baltimore City; M. Strobel, M.D., Baltimore County; E. A. Thompson, M.D., Carroll County; R. C. Tilghman, M.D., Council; Hugh W. Ward, M.D., Calvert County; J. A. Weinberg, M.D., Baltimore City; H. L. Wollenweber, M.D., Baltimore City; Arthur O. Wooddy, M.D., Council; Alan C. Woods, M.D., Baltimore City; R. B. Wright, M.D., Baltimore City; George H. Yeager, M.D., Council.

Present also for the meeting were the following staff personnel: Mr. John Sargeant and Mrs. Anna Wynde Leake.

The President then made several announcements as to the procedural matters in delegates speaking, etc.

Dr. Ebeling, the Secretary, then made a special announcement regarding Appointment with Health Checkup Month for the Aging, in the absence of C. Rodney Layton, M.D., Committee on Aging Chairman.

The privileges of the floor were granted to Mr. John Parrish, of the St. Paul Fire and Marine Insurance Company.

Mr. Parrish spoke briefly regarding the Professional Liability Policy being offered to Faculty members.

ADOPTION OF MINUTES

There being no objections from the floor the following minutes were adopted as amended:

April 20, 1960, amended by adding:
Page 14, Nominating Committee Report: "Board of Medical Examiner Nominees: Walter C. Merkel, M.D., Samuel McLanahan, M.D., both to serve until June, 1964."

April 22, 1960, as published

July 23, 1960, amended by adding:
Sixth paragraph, page two:
"However, this report is not for publication at this time."

EMERITUS MEMBERSHIP

Action: On motion duly made, seconded and carried,

emeritus membership was granted as follows:

Rowland S. Phillips, M.D., Prince George's County

Harry M. Robinson, Sr., M.D., Baltimore City

TREASURER'S REPORT

Wetherbee Fort, M.D., Treasurer, spoke briefly on the financial status of the Faculty, pointing out that we are about $13,000 ahead of last year in our current cash status. He also reported on the reactivation of the Medical Annals and advised the House that if it wished, a blanket policy could be provided to cover all the officers, Council and delegates when they are on official business of the Society.

Action: On motion duly made, seconded and carried, the Treasurer was authorized to proceed with insurance coverage as outlined.

LIMITATION OF DEBATE

The President then pointed out that unless there was any objection, and because of time limitations, that debate would be limited to somewhat less than ten minutes.

Action: On motion duly made, seconded and carried, it was voted that debate be limited to five minutes per person and that no person be permitted to speak more than twice.

RESOLUTIONS COMMITTEE REPORT

Mr. President and Members of the House of Delegates:

The meeting of the Resolutions Committee was held on Tuesday, September 6, 1960, at 7:00 p.m. in the Red Room of the Sheraton Belvedere Hotel, Baltimore.

The following members of the Committee were present: M. McKendree Boyer, M.D., Melvin B. Davis, M.D., Robert W. Farr, M.D., and Everett S. Diggs, M.D., and Dr. Ernest I. Cornbrooks, who was unable to attend, had forwarded a written report of his reaction to the resolutions. Others who attended were: W. C. Ebeling, M.D., *Secretary,* Whitmer B. Firor, M.D., *President,* Mr. John Sargeant; and the following who were interested in specific resolutions: Robert A. Bier, M.D., Leon W. Berube, M.D., Russell S. Fisher, M.D., William E. Grose, M.D., Thomas B. Turner, M.D., and Mr. John Loy.

Six resolutions were considered; one of which, namely, "Agreements from Prospective Nominees to Governing Boards of Blue Cross and Blue Shield to Abide By and Carry Out the Stated Policies of the Medical and Chirurgical Faculty of Maryland," submitted by the Maryland Society of Pathologists, was withdrawn after receipt of a letter from the Secretary-Treasurer of this Society.

The Resolutions Committee has reworded Resolutions 3-S and 6-S. Those words or phrases which have been struck out are inclosed in parentheses, and those words which have been added or substituted are in capital LETTERS. In conformity with the Bylaws, these changes have been approved by the sponsors of the resolutions and are presented for consideration of the House of Delegates. The following report is submitted regarding five resolutions:

Resolution 1-S

Submitted by A.M.A. Delegates of the Medical and Chirurgical Faculty of the State of Maryland[1]

In re: Statement of Policy to be Adopted by the Medical and Chirurgical Faculty of Maryland in its Relationships With Voluntary Health Organization Which Render Direct Medical Aid to Patients.

WHEREAS, the American Medical Association at its 109th annual session held in Miami Beach, Florida, in June, 1960, adopted the following policies, and

WHEREAS, in adopting these policies, it urged all component medical societies to adopt similar policies, and

WHEREAS, these guides do not conflict in any way with present policies and procedures of Voluntary Health Groups in Maryland, and

WHEREAS, such adoption would make it clear as to what policies the Medical and Chirurgical Faculty of the State of Maryland subscribes to,

BE IT THEREFORE RESOLVED, that the Medical and Chirurgical Faculty of the State of Maryland does hereby establish the following policies with respect to its relationship to voluntary health organizations in the State of Maryland which render direct aid to patients:

1. That members of the Medical Advisory Committee at local chapter levels be selected from a slate of names furnished by the component medical society.
2. That it should be the function of the Medical Advisory Committee to supply a detailed report from the component society at least once annually concerning the actions of the committee.
3. That the following basic principles should govern the relationships between patients concerned, members of the component medical society, and the voluntary health organization concerned:
   a. In order for the Medical Advisory Board to discharge its functions with the Voluntary Health Organization and the component medical society, the Chairman of this Committee automatically shall be a member of the Executive Committee of the local chapter of the national voluntary health organization, if such exists in the component society area.
   b. The expenditure of local chapter funds for financial assistance for medical care and for professional education should have the approval of the Medical Advisory Committee. Determination of the extent and degree of eligibility for financial assistance for medical care should be made by the Medical Advisory Committee. In economically borderline cases, the Medical Advisory Committee should determine to what extent the local chapter may assist in the payment of paramedical services.
   c. The National Voluntary Organization should make no payment for physicians' services, except as outlined in "d." Fees for physicians' services rendered to patients will be arranged privately between the patient and the physician. All necessary steps should be taken to clarify this point with chapter members, the general public and the patients concerned.
   d. The functions of a Medical Advisory Committee shall be in part to recommend and arrange for qualified medical consultants to review patients where some special problem exists or where there is a difference of opinion between the chapter medical advisory committee and the attending physician, as to the nature of treatment planned for a patient for which chapter assistance is requested. (Consultants reviewing patients at the request of the

[1] Robert vL. Campbell, M.D., J. Sheldon Eastland, M.D., George H. Yeager, M.D.

Medical Advisory Committee may be reimbursed by the chapter. This is the only instance in which Chapters may pay medical fees.)

e. Physicians who agree to serve on such Medical Advisory Committees should be aware of the responsibilities attendant upon such positions and offer constructive leadership in this respect.

This resolution was submitted by the Faculty's A.M.A. delegates regarding relationships with voluntary health organizations. This request of the statement of policy by State Component Societies of the A.M.A. emanates from the A.M.A., and apparently is a means of solving a difficulty which existed in the State of Tennessee between the local branch of the National Foundation and the practicing physicians. As near as can be determined by the Resolutions Committee, such a difficulty does not occur in this area, and it seems unwise to the members of the Committee to initiate policies of relationship to all voluntary health organizations in the State of Maryland who may render direct aid to patients. The Committee feels it would be unwise that this Society volunteer to help such organizations determine how they distribute the money they have raised, unless the request for such assistance comes first from the organization involved.

The Resolutions Committee, therefore, recommends that this resolution be disapproved.

Action: On motion duly made, seconded, and carried, the Resolution was DISAPPROVED.

Dr. Diggs then stated that the next two resolutions would be discussed jointly as they were considered jointly in the Committee's discussions.

Resolution 2-S

In re: Actions of the Joint Commission on Hospital Accreditation

WHEREAS, **the medical profession in the United States is dedicated to improving the health care of the people of the United States, and**

WHEREAS, **there has been a trend on the part of the Joint Commission on Hospital Accreditation to control the provision, type and quantity of hospital care by establishing arbitrary rules and regulations, and**

WHEREAS, **this would appear to be contrary to the intent of the AMA'S House of Delegates acceptance of the STOVER report in June, 1958, which stated, in part,**

"4. Physicians should be on the administrative bodies of hospitals.

"6. Staff meetings required by the Joint Commission are acceptable, but attendance requirements should be set up locally and not by the Commission.

"7. The Joint Commission should not concern itself with the number of hospital staffs to which a physician may belong.

"8. The Joint Commission is not and should not be punitive." And

WHEREAS, **these various items selected from the Stover report and adopted by the AMA House of Delegates appear to be subverted by indirect attempts to exert control by the Joint Commission on Hospital Accreditation of all of the above items mentioned,**

BE IT THEREFORE RESOLVED, **that this AMA House of Delegates express its desires that procedures and regulations be established which will reduce the power of centrally located bodies distinctly removed from the actual scene of operations; and that effective liaison be established with State Medical Society Committees on a local level to discuss, evaluate and reach satisfactory conclusions on these important matters, as recommended in the actions of this House in June, 1958, and**

BE IT FURTHER RESOLVED, **that this House of Delegates instruct its representatives on the Joint Commission on Hospital Accreditation to take steps to effect the above feelings of the AMA House of Delegates.**

Resolution 3-S

In re: Residency Review Committee of AMA's Council on Medical Education and Hospitals

WHEREAS, **the residency training program as it exists in the United States today had its origin in the State of Maryland with Halstead in surgery and Osler in medicine, and**

WHEREAS, **there is an evident trend on the part of the Residency Review Committee of the AMA's Council on Medical Education and Hospitals to emphasize details that are sometimes useless, expensive and time-consuming, and oftentimes unduly increase the cost of hospital care to the patient at a time when costs are high and subject to considerable public criticism, and**

WHEREAS, **in some instances such regulations would penalize some physicians who may not actively teach in hospitals but perform other valuable services to the hospitals in other areas, and**

WHEREAS, **non-compliance with these rules by smaller hospitals places the threat of removal of the residency approval by the Residency Review Committee, and**

WHEREAS, **recent instances of such occurrences in the State of Maryland would:**

(1) suggest hospitals have *full-time* Directors of Medical Education in hospitals not adequately able to support such directors either by patient-load and/or financially,

(2) tend to deprive House Officers of the benefit of all patients in a hospital; tend to eliminate the House Officer as a catalyzer and disseminator of medical information and techniques to all members of the staff; and tend to lower the quality of the care of some patients;

and have

(3) failed to consult with appropriate State Society Committees before establishing such regulations to see if they work in the best interests of the patient and/or the hospital and its staff members,

BE IT THEREFORE RESOLVED, **that this AMA House of Delegates urges its Council on Medical Education and Hospitals to comply with the suggestions enumerated by the STOVER report in June, 1958, and adopted by this House of Delegates which, while referring to the Joint Commission on Hospital Accreditation, could equally apply to the Residency Review Committee: viz;**

"It was recommended that the Commission give consideration to establishing standards which may vary depending on the size of the hospital. Each hospital should be judged on its own merits and efficiency regardless of size," and

***BE IT STILL FURTHER RESOLVED,* that effective liaison be established with State Medical Society Committees which are devoted to the same principles to which the Residency Review Committees are devoted, in order that discussion, evaluation and satisfactory conclusions can be reached on these important matters.**

The following is an explanation of the introduction of these two preceding resolutions:

NOTE: At the Annual Meeting on April 22, 1960, the House of Delegates adopted a resolution similar in intent as the above. The Faculty's AMA Delegates were required to introduce this resolution into the House of Delegates AMA meeting in Miami, in June.

The Executive Committee authorized deferment of introduction of this resolution for the following reasons:

1. The resolution as written referred to two different accrediting bodies and would have been confusing to the AMA's House of Delegates.
2. Introduction at the December, 1960, AMA meeting, which is being held in Washington, D. C., would enable those members from Maryland who wish to support this resolution to appear at the Reference Committee hearings on it.
3. It was felt that the resolutions as originally written were not completely clear; and arrangements have been made for Walter S. Wiggins, M.D., Secretary of the AMA's Council on Medical Education and Hospitals to attend the September, Semiannual Meeting of the Faculty to answer questions and clarify this entire matter.

The resolution passed at the Faculty's Annual Meeting has been re-written into two separate resolutions dealing with each accreditation body and are submitted for the action of the House of Delegates.

The Resolutions Committee wishes to comment upon Resolution 2-S and 3-S together, as the general disposition recommended by this Committee relates to both of these resolutions. These two resolutions represent the rewording of one resolution already passed by the House of Delegates at the Annual Meeting in April 1960. The Resolutions Committee at that time recommended the approval of the resolution and reiterates its approval of the content of these two resolutions, the purpose which they are attempting to achieve, and the method of so doing. The changes in wording of Resolutions 3-S, approved by the originators (Baltimore County Medical Association), are indicated in the resolution.

Realizing, however, that the House of Delegates will be addressed by Dr. Walter S. Wiggins, Secretary of the A.M.A. Council on Medical Education and Hospitals, in an effort to clarify this entire matter, the committee submits these resolutions to the House of Delegates without recommendations of approval or disapproval.

There being no objection, Dr. Wiggins was granted the privileges of the floor.

Dr. Wiggins commented on the first resolved to the second resolution and stated that minimal standards are established by the AMA House of Delegates and that these are for all hospitals regardless of size.

He also commented on the second resolved saying that the Council on Medical Education and Hospitals would, "most heartily welcome any opportunity to discuss this or any other matters with representatives of this Society."

An offer was made to the members for them to discuss this with the AMA Council in Washington at the time of the AMA Clinical Session.

Actions: On motions duly made, seconded, and carried, both resolutions were adopted by the House for presentation to the AMA's House of Delegates.

Resolution 4-S

Submitted by: St. Mary's County Medical Society

In re: Practice of Medicine Must Remain in the Hands of the Physician

***WHEREAS,* the practice of medicine has traditionally been a personal and individual responsibility of a physician to his patients; and**

***WHEREAS,* the field of medical care has undergone significant sociologic changes in the past decade; and**

***WHEREAS,* the private practice of medicine is threatened by state and federal programs and by the possibility of domination by pressure groups; and**

***WHEREAS,* there is already evidence of dictation to the profession from commercial interests which can influence large groups of people and give preferential consideration to certain institutions or physicians;**

***THEREFORE BE IT RESOLVED,* that the Medical and Chirurgical Faculty of Maryland oppose by every ethical and legal means any attempt by any organization to deny the medical profession the right to decide for itself who should practice medicine and where it should be practiced.**

It is indeed imperative that the Medical Profession retain the right to determine who shall practice medicine and where it is being practiced. This resolution emphasizes that prerogative and further requests that the State Society take definite action when necessary to preserve this right.

The Resolutions Committee, therefore, recommends that the resolution submitted by the St. Mary's County Medical Society be approved.

The House of Delegates then went into Executive Session, such action being taken there being no objection from the members present. Considerable discussion ensued as to the reasons for an Executive Session, and it was explained that nothing could be discussed outside of an Executive Session without a breach of confidence. It was also explained that the Faculty had a commitment with respect to its negotiations between Blue Cross and Hospital Council to not discuss anything publicly. This was the reason for an Executive Session at this time.

Other discussion took place on the reasons for this resolution and its importance and impact on Faculty actions.

Action: On motion duly made, seconded, and carried, the resolution was approved.

The House was then declared out of Executive Session, and the members excluded returned to the meeting.

Dr. Firor, President, apologized to those who had been excluded, pointing out that under Robert's Rules of Order, an Executive Session can be held.

Resolution 6-S

Submitted by: Robert C. LaMar, M.D., Snow Hill, Worcester County, Maryland

In re: Recommendations that Medical and Chirurgical Faculty Sponsor Program for Uniform Identification Method for Citizens with Certain Allergies and its Implementation be Assigned to an Existing Committee

WHEREAS, **many of our citizens have allergies, reactions to drugs they may be taking, and diseases that may cause unpredictable life situations, such as diabetic coma, epileptic seizures, and hemophiliac bleeding, and**

WHEREAS, **there is no uniform method now used in Maryland for identification of such people by the first person at the scene of an accident or reaction to these conditions, and**

WHEREAS, **it has been known to embarrass police officers who have jailed people in coma, mistaking them for alcoholics, and**

WHEREAS, **The Medic Alert Foundation has been established to meet this problem by furnishing identification emblems of silver or steel, which may be worn as a neck piece or bracelet, and keeps a central file of members' conditions with a 24-hour telephone emergency service,**

BE IT THEREFORE RESOLVED **that the Medical and Chirurgical Faculty of the State of Maryland, as a public service to the citizens of Maryland, and to further improve the public relations of the Medical Profession, undertake to sponsor this vital program in the State of Maryland, and**

BE IT FURTHER RESOLVED **that the President of the Faculty implement this work, on a statewide basis, by assigning it to AN APPROPRIATE COMMITTEE of the Faculty.**

This resolution requests the Faculty to sponsor a program for uniform identification of citizens with certain allergies and to augment the program already developed in the State of California. This is a worthwhile undertaking and would be of benefit to the practicing physician as well as to the general public. As there is no existing standing committee of the Faculty which would be appropriate, the Resolutions Committee, with the approval of the sponsor, has suggested the rewording of the last paragraph by striking out "one of the Existing Standing Committees" and inserting the words AN APPROPRIATE COMMITTEE of the Faculty.

With this change the Resolutions Committee recommends the adoption of this resolution.

Action: On motion duly made, seconded and carried, this resolution was adopted.

ADOPTION OF RESOLUTIONS COMMITTEE REPORT

Action: On motion duly made, seconded and carried, the report in its entirety was adopted.

CONSTITUTION AND BYLAWS COMMITTEE REPORT

AMENDMENTS TO THE CONSTITUTION

Constitutional Amendments must be presented to an Annual or Semiannual meeting, lay on the table, and then be acted on at the next Annual or Semiannual meeting.

OLD

Article II

Purposes of the Society

The purposes of this Faculty shall be as a non-profit organization to federate and bring into one compact society the medical profession of the State of Maryland, and to unite with similar Societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and secure the enactment and enforcement of just laws relating to the practice of medicine and the public health; to foster friendly relations among physicians; and to enlighten and direct public opinion so that the profession shall become more useful in the prevention and cure of disease, in prolonging and adding comfort to life, and in promoting a satisfactory distribution of medical care to the citizens in Maryland.

NEW

Article II

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The purposes of this Faculty shall be as a non-profit organization to federate and bring into one compact society the medical profession of the State of Maryland, and to unite with similar Societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and secure the enactment and enforcement of just laws relating to the practice of medicine and the public health; to foster friendly relations among physicians; TO INVESTIGATE AND PROMOTE SOCIOECONOMIC MATTERS VITAL TO THE PRACTICE OF MEDICINE; and to enlighten and direct public opinion so that the profession shall become more useful in the prevention and cure of disease, in prolonging and adding comfort to life, and in promoting a satisfactory distribution of medical care to the citizens of Maryland.

Purpose: **To expand the Purposes of the Faculty so that they embrace fields in which considerable activity is necessary and evident.**

AMENDMENTS TO THE BYLAWS

The present Bylaws read that such amendments may be officially acted on at the Semiannual Meeting, "provided the amendment has been sent officially to all the delegates at least 90 days prior to the Semiannual Meeting."

OLD

Chapter I, Section 6

Emeritus Members shall be those Active Members in good standing who, upon request of the Component Society and on

NEW

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Emeritus Members shall be those Active Members in good standing who, upon request of the Component Society and on

OLD	NEW
the recommendation of the Council and a majority vote of the House of Delegates, are designated Emeritus Members.	the recommendation of the Council and a majority vote of the House of Delegates, are designated Emeritus Members. TO BECOME AN EMERITUS MEMBER, A PERSON MUST NO LONGER BE ENGAGED IN THE ACTIVE PRACTICE OF MEDICINE, EITHER IN PRIVATE PRACTICE, PUBLIC HEALTH, ADMINISTRATION, TEACHING, OR ANY OTHER ACTIVITY WHERE HIS KNOWLEDGE OF MEDICINE EARNS HIM AN INCOME. IN ADDITION, A MEMBER WHOSE HEALTH IS SUCH THAT HIS ABILITY TO CARRY AN ACTIVE PRACTICE HAS BECOME GREATLY LIMITED MAY BE SO DESIGNATED AS AN EMERITUS MEMBER.
Chapter II, Section 1 Associate Members: Associate Members of the Medical and Chirurgical Faculty of the State of Maryland shall pay as follows: Members of the Baltimore City Dental Society $3.00 per year for each of its members, which will be paid to the Treasurer of the Medical and Chirurgical Faculty by the Treasurer of the Baltimore City Dental Society. In addition, the Treasurer of the Baltimore City Dental Society will also pay the sum of $50.00 per year to the Medical and Chirurgical Faculty for the purchase of dental books and journals.	*Chapter II, Section 1* Associate Members: Associate Members of the Medical and Chirurgical Faculty of the State of Maryland shall pay as follows: Members of the Baltimore City Dental Society $5.00 per year for each of its members, which will be paid to the Treasurer of the Medical and Chirurgical Faculty by the Treasurer of the Baltimore City Dental Society. In addition, the Treasurer of the Baltimore City Dental Society will also pay the sum of $50.00 per year to the Medical and Chirurgical Faculty for the purchase of dental books and journals.

Purpose: The Constitution and Bylaws Committee feels that the dues paid by the Baltimore City Dental Society should be at least $5.00 per member. The Executive Committee referred this to the Committee for its consideration with the suggestion that this be increased from $3.00 to $5.00. It may well be that this should be more than $5.00, which the House of Delegates should decide.

Chapter X, Section 8 Resolutions Committee. The Resolutions Committee shall consist of five members to be appointed annually by the President of the Medical and Chirurgical Faculty who shall also designate the Chairman of the Resolutions Committee. This Committee shall be chosen from the House of Delegates and shall be appointed at least 30 days before the Annual Meeting of the House of Delegates.	*Chapter X, Section 8* Resolutions Committee. The Resolutions Committee shall consist of five members to be appointed annually by the President of the Medical and Chirurgical Faculty who shall also designate the Chairman of the Resolutions Committee. This Committee shall ALSO be chosen from the House of Delegates and shall be appointed (at least 30 days) before the (Annual) SEMI-ANNUAL Meeting of the House of Delegates.

Purpose: As the Bylaws now read, the President names this committee 30 days before the Annual Meeting. This same committee now serves through the Semiannual meeting, although the President who is then in office has not named this Committee. This amendment will enable the new president to name the Resolutions Committee which will act on resolutions to come before the Semiannual meeting.

Chapter XI, Section 5 Transfer. When a member in good standing in a component society moves to another county in this State, his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.	*Chapter XI, Section 5* Transfer. When a member in good standing in a component society moves to another county in this State, his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, PROVIDED HIS APPLICATION FOR MEMBERSHIP IS ACTED UPON FAVORABLY BY THE MEMBERS OF THE SOCIETY OF THE COMPONENT IN WHICH HE HAS REMOVED.

Purpose: This prevents a Component Society from being forced to accept a member who is transferred from another Component, without being able to judge the individual physician's qualifications. Each component should have the right to accept or reject its own members.

OLD

Chapter XI, Section 6

Adjoining Counties: A Physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the Society in whose jurisdiction he resides.

NEW

Chapter XI, Section 6

A PHYSICIAN WHO LIVES IN ONE COMPONENT SOCIETY AREA AND MAINTAINS HIS PRINCIPAL OFFICE IN ANOTHER, SHALL BE A MEMBER OF THE COMPONENT SOCIETY IN WHOSE AREA HIS PRINCIPAL OFFICE IS, UNLESS THAT SOCIETY GRANTS PERMISSION FOR HIM TO BE A MEMBER OF THE COMPONENT IN WHOSE AREA HE RESIDES. HOWEVER, IF HE ALSO MAINTAINS AN OFFICE IN THE SAME AREA IN WHICH HE RESIDES, HE MAY ELECT TO CHOOSE EITHER COMPONENT. IN NO EVENT, HOWEVER, MAY A PHYSICIAN BE AN ACTIVE OR ASSOCIATE MEMBER OF MORE THAN ONE COMPONENT SOCIETY IN THIS STATE. A PHYSICIAN CANNOT BE AN ACTIVE MEMBER OF A SOCIETY IN WHOSE AREA HE DOES NOT EITHER RESIDE OR MAINTAIN AN OFFICE.

IF A PHYSICIAN SHOULD EITHER MOVE HIS PLACE OF RESIDENCE OR HIS OFFICE FROM ONE COMPONENT SOCIETY AREA TO ANOTHER, HIS MEMBERSHIP MUST BE TRANSFERRED IN ACCORDANCE WITH THE PROVISIONS OF THESE BYLAWS.

Purpose: (1) This gives the individual physician the right to choose which Component Society he wishes to join when he resides in one component's area and has an office in another component's area; (2) this also provides for mandatory transfer when he no longer maintains an office or residence in the component's area from which he has moved; (3) lastly, it provides that a physician cannot become either an Active or Associate member of more than one component. (Note that it does not prohibit him from becoming an Affiliate Member of another component.)

Actions: On motion duly made, seconded, and carried, the Constitutional amendment was received for action at the next meeting of the House of Delegates.

On motions, duly made, seconded, and carried, each Bylaw amendment was duly approved.

STUDENT AMA REPRESENTATIVE REPORT

This report is attached hereto and becomes a part of these minutes.

(See Page 494)

FACULTY'S DELEGATES TO THE AMA REPORT

This report is attached hereto and becomes a part of these minutes.

(See Page 497)

NATIONAL FOUNDATION OF HEALTH SCHOLARSHIPS REPRESENTATIVE

This report is attached hereto and becomes a part of these minutes.

(See Page 498)

Actions: Each of the above reports, on motions duly made, seconded, and carried, were adopted.

REPORT OF COMMITTEE TO CONSIDER THE RELATIONSHIP BETWEEN HOSPITALS AND SPECIALTIES AND MANNER OF PAYMENT FOR PROFESSIONAL SERVICES

(See Page 498)

Action: On motion duly made, seconded, and carried, the report and its recommendation that the Committee be discharged, was adopted.

BUILDING COMMITTEE REPORT

This report is attached hereto and becomes a part of these minutes.

(See Page 498)

Action: On motion duly made, seconded, and carried, the report was adopted.

BOARD OF MEDICAL EXAMINERS REPORT

The Board submitted a report dealing with handling of physicians, dentists, pharmacists, etc., when they become narcotics addicts. This report is attached hereto and becomes a part of these minutes.

(See Page 498)

The report was amended to include Chiropodists, then changed to read, ". . . any other individuals or groups who may be licensed to dispense drugs."

Actions: On motion duly made, seconded, and carried, the amendment was adopted.

On motion duly made, seconded, and carried, the report as amended was adopted.

COUNCIL REPORT

Dr. Boyer reported briefly on the approval of the Council for a plan for Health and Accident Insurance and Major Hospital Insurance and stated members would be advised individually in the near future. The Carrier is Hartford.

MEDICAL ECONOMICS COMMITTEE REPORT

This report is attached hereto and becomes a part of these minutes.

(See Page 499)

Action: On motion duly made, seconded, and carried, it was voted to accept this report and its recommendations.

SPECIAL REPORT, FRANK K. MORRIS, M.D.

This report is attached hereto and becomes a part of these minutes.

(See Page 499)

Dr. Firor then read a copy of letter to the Insurance Commissioner from the Blue Cross organization, a copy of which is attached hereto and becomes a part of these minutes.[2]

The President then stated that discussion could take place but in Executive Session, if there were no objections from the floor.

A proposal was offered that active members of the Faculty be permitted to stay, as well as staff members of the Faculty and staff members of Component Societies. This was approved provided those present understood they were closed deliberations and that all individuals not active members shall be considered excluded under the motion.

This was adopted by the House of Delegates.

Dr. Firor commented on the recent Blue Cross rate increase, as did Dr. O'Donnell, providing background data with respect to the actions taken by the Executive Committee, Council, and the House of Delegates.

Considerable discussion took place regarding various reports and their intents and actions.

Action: On motion duly made, seconded and carried, the following motion was adopted; unanimously:

"The House of Delegates reaffirms what it has said earlier, that Blue Cross is a concern of this Medical Society and that this body once again approves the interest of the House of Delegates and the Medical Society in things concerning Blue Cross and the action of its Council and its various committees in this matter."

GOOD SAMARITAN BILL

This is attached hereto and becomes a part of these minutes.

(See Page 501)

Action: On motion duly made, seconded, and carried, the House approved the bill to protect the physician rendering emergency medical care, naming it the Good Samaritan Bill.

Dr. Firor then urged the members to attend the scientific session on Friday, September 16.

There being no further business, the meeting adjourned sine die at 12:10 a.m.

Respectfully submitted,
WILLIAM CARL EBELING, M.D., *Secretary*

REPORTS
To the House of Delegates

KEY TO COMMITTEE REPORTS
All recommendations and resolutions in **bold type.**

REPORT OF STUDENT AMERICAN MEDICAL ASSOCIATION REPRESENTATIVE

Mr. President and Members of the House of Delegates:

I have the honor to transmit herewith a most comprehensive report of the delegate from the University of Maryland Student American Medical Association to the Student AMA meeting held in Los Angeles, May 4-8, 1960.

Mr. Albert T. Dawkins, Jr., alternate delegate, and Mr. William B. Weglicki, Jr., delegate, have provided us with a most complete and concise report, which represents considerable activity on the part of Student AMA.

It behooves all members of the Faculty to read this report and take due cognizance of the fine work being done by members of the S.A.M.A.

(See Page 493 Minutes)

Respectfully submitted,
LEWIS P. GUNDRY, M.D.

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[2] *Honorable F. Douglass Sears*
Insurance Commissioner of the State of Maryland
State Office Building
301 West Preston Street
Baltimore 1, Maryland

Dear Mr. Sears:

The initial meeting of a Committee on Utilization composed of representatives from the Medical and Chirurgical Faculty of the State of Maryland, the Hospital Council of Maryland, and Maryland Blue Cross-Blue Shield was held on August 25, 1960. This meeting was held in direct compliance with the request contained in your letter of August 11, 1960 to Maryland Blue Cross, copies of which were sent to the other two groups. At this organizational meeting various matters relating to the scheduling and conduct of future meetings were unanimously agreed upon.

The entire subject of overutilization of hospital facilities will be dealt with in subsequent meetings and agenda for them are in course of preparation to insure that the various aspects of this broad problem are covered fully. Subcommittees will be assigned the responsibility of preparing special studies of individual facets of the problem as necessary. The recommendations already made by each of the three groups, as well as those which may be developed in the future, will be fully explored. Obviously any final recommendations made by the Committee must be approved by each of the three organizations concerned.

There is nothing further to report at this time except to say that the problem will be attacked with promptness and dispatch. You will be kept informed of all progress made.

Sincerely,
Bruce P. Wilson
President
Maryland Hospital Service, Inc.

REPORT OF THE TENTH ANNUAL CONVENTION OF THE STUDENT AMERICAN MEDICAL ASSOCIATION

The 10th annual convention of the Student American Medical Association was held at the Statler-Hilton Hotel in Los Angeles, California, from May 4-8, 1960. The delegates from the University of Maryland (W. B. Weglicki, delegate, and A. T. Dawkins, Jr., alternate delegate) left at 12 noon on Wednesday, May 4, via American Airlines Jet 707, and arrived in Los Angeles at about 2:10 P.M. (LA time).

Proceeding immediately to the Statler Hilton, we registered at the hotel and signed in for the convention. The first function of the convention was the annual Hospitality House for all out of town registrants, which is sponsored by the host schools. This began at 8:00 P.M. and was held in the Golden Gate Room of the hotel.

Thursday morning at 9:00 A.M. saw the opening session of the House of Delegates. There were 51 delegates and 32 alternate delegates present at this opening meeting. The main items of business transacted at this session were the following: 1) the delegates were seated; 2) the University of Vermont was accepted into the membership of SAMA; 3) the Convention Committee appointments were named by the President, William R. Kirkham (Oklahoma); 4) a total of 17 resolutions were read to the House by various delegates for consideration of adoption by the organization; and 5) the President referred the resolutions to the appropriate convention committees for any necessary revisions, feasibility, etc.

During the morning, there were two speakers interspersed with the proceedings. They were: Leo E. Brown, Director, Communications Division, American Medical Association; and Dr. Harry Sandberg, Medical Director, Columbia Broadcasting System. The delegates and alternates were guests at a luncheon given by the American Academy of General Practice. The speaker following lunch was Dr. John G. Walsh, President, American Academy of General Practice.

The House of Delegates reconvened following luncheon for further business. The speaker of the afternoon was Dr. Roger Zion, of Evanston, Indiana, who spoke on "The Personal Responsibilities of Service." The Convention Committees (Reference Committees) met in various rooms following the recession of the House. All of these first committee meetings were open ones. Bill Weglicki, our delegate, was appointed to serve on the eleven-member Miscellaneous Business Committee. I attended the open sessions of the Reference Committee on Graduate Training.

Throughout the convention there were three exhibits for viewing: 1) technical, 2) scientific, and 3) photographic. The technical exhibit consisted of displays, samples and literature from such companies as Ciba, Upjohn, Eli Lilly, Parke-Davis, Department of the Navy, Pfizer Laboratories, J. B. Lippincott, etc. There were forty (40) displays in this exhibit area.

Twenty-five exhibits developed by medical students, interns, and residents from all parts of the United States were displayed in the 1960 scientific exhibit. The SAMA exhibit has been rated as superior to similar efforts on the part of older and long established medical associations. Topics of these exhibits ranged from the "Neuropharmacology of the Gamma Loop" to "Fractures of the Facial Skeleton."

On Thursday evening at 6:00 P.M., the delegates and alternates were honored at a reception given by the Minnesota Mutual Life Insurance Company. This was followed by the sixth annual dinner dance, which featured music by the Dick LaSalle Orchestra and entertainment by The Modernaires.

There were two clinics held on Friday, May 6, during the morning. The first one was the chapter clinic. This was especially interesting to me, since it was a session for airing out individual chapter problems. It also brought out the various programs that were carried on in other chapters all over the country. I obtained some worthwhile ideas that may be tried in our own Maryland Chapter. I was especially impressed and stimulated with this session. Following this meeting, there was a joint clinic with the Woman's Auxiliary to SAMA.

The delegates and alternates were the Friday luncheon guests of the Wyeth Laboratories. Dr. Edward R. Pinckney, editor, *The New Physician*, was the speaker. Following his speech, the director of Wyeth Laboratories presented the "In My Opinion" awards. This is an award sponsored by Wyeth for an article written by medical students who are willing to express an opinion on any related subject. The prize consists of a check in the amount of $500.

During the afternoon hours, the first scientific session took place. There were three topics discussed by outstanding men and all three were excellent. "Biomedical Frontiers of Space" was discussed by Lt. Col. Burt Rowen, MC, USAF, Chief, Human Factors Branch, Directorate of Flight Tests, Edwards AFB; and Major Burns R. Eastman, USAF, Edwards AFB. These men illustrated their talks with demonstration of the newest space suit and gear. The second topic under consideration was "Why Do Doctors Take Narcotics?" This was presented by Dr. Edward R. Bloomquist, College of Medical Evangelists.

The most enjoyable and profitable discussion of the afternoon for me was the last one, "The Role of Licensing Boards in Modern Medicine." This was presented as a panel discussion with Dr. Clayton G. Loosli, Dean, University of Southern California School of Medicine presiding. The members of the panel were: Dr. Stiles D. Ezell, Secretary, Board of Medical Examiners, State of New York; Dr. John P. Hubbard, Secretary, National Board of Examiners; Dr. Louis E. Jones, President, Federation of State Medical Boards; Dr. Earl M. Pallett, Vice President, National Association of Basic Science Boards; and Mr. E. Henry Lamkin, Jr., National Vice President, SAMA.

The film "M.D. USA" was previewed on Friday evening. This is the new "March of Medicine" documentary produced by Smith, Kline and French Laboratories in cooperation with the American Medical Association.

Saturday was opened with viewing of the exhibits as usual. The main feature of Saturday was another panel discussion. The topic was "The Pro's and Con's of Forand Type Legislation." Following the presentation and debate of the panel, the floor was opened for questions and the discussion (rather heated at times) continued until it had to be halted due to lunch. The participants in the panel were: moderator E. Carwile LeRoy, chairman, Current Trends Committee, SAMA; Mr. Ted Ellsworth, Administrator of Public Programs, Institute of Industrial Relations, UCLA; E. Lafe Ledwig, M.D., Chairman, Council of Medical Service, AMA; Mr. McAliffe, Legal Department, AMA; and Mr. Shecker, connected with organized labor in some way.

The delegates and alternate delegates were luncheon guests of the American Medical Association on Saturday at noon. We were indeed honored to have as our speaker, Dr. Louis E. Orr, President, American Medical Association. He gave one of the most stimulating talks that I have ever heard. I was just spellbound. He received a standing ovation following his speech.

The first speaker during the afternoon scientific session was Dr. Charles W. Wahl, and his subject was, "The Fear of Death and its Management." Dr. Wahl is an Assistant Professor, Department of Psychiatry, UCLA. Several other talks were presented during the afternoon forum. During the final half of the afternoon, Dr. Paul Foster, President,

California Medical Association, presided over panel discussion on "Murder, the Most Overlooked Cause of Death." The panel was moderated by Mr. Raymond Burr, star of TV's "Perry Mason" series. The panelists were: Erle Stanley Gardner, author, lawyer, and lecturer; Marshall Houts, LL.B., medical legal editor; Frederick Newbarr, M.D., chief autopsy surgeon, Los Angeles Coroner's Office; and Richard Myers, M.D., director of laboratories, Valley Hospital, Van Nuys, California.

The concluding social festivity of the convention was the annual Abbott Party. This was open to all students who registered at the Convention, not just the delegates and alternates. I would guess that approximately 1200 people attended the party. Abbott really gave a fine affair, complete with two orchestras, dancing, and an hour long floor show.

The final day of the convention was opened at 7:30 A.M. with a Devotional Breakfast. Dr. Fred H. Sahar of the Christian Medical Society presided over the affair.

The final session of the House of Delegates was called to order at 8:50 A.M. I shall refer you to our delegate's report concerning the text and action of the Reference Committees, as well as a report on the action concerning the 17 proposed resolutions. The other matters of business at the final session concerned the elections of officers. Mr. William B. Waddell ('62), of Duke University, was elected the national president for 1960-61. The vice president is Mr. Thomas H. Alt, of Indiana University, and the new treasurer is Mr. Richard Goods, USC. In addition to these national officers, eight new regional vice presidents were elected by the House.

The House of Delegates also presented Mr. R. F. Staudacher, executive director of SAMA, with an engraved wallet containing $1,000, in recognition of his ten loyal years of service to the growth and development of the organization.

The House of Delegates was adjourned at 1:10 P.M. on Sunday, May 8, 1960, until May 3-7, 1961, when the convention will convene in Chicago, Illinois.

My over-all reaction to this convention is one of enthusiasm. I thoroughly enjoyed all the proceedings and was extremely proud to have been a part of them. I only hope that I can serve our chapter with the same confidence that was placed in me upon my selection as the alternate delegate. Thank you! I

ALBERT T. DAWKINS, JR.
Alternate Delegate
1960 SAMA Convention

REPORT ON 1960 S.A.M.A. CONVENTION
Los Angeles, California — May 4 to May 8

As delegate from the University of Maryland Chapter of S.A.M.A., it was my privilege to participate in the proceedings of the 1960 House of Delegates. At the first meeting of the House, 9:00 A.M. on May 4, I was informed that I had been selected as a member of the Miscellaneous Business Committee. It was in this capacity that the major part of my time was spent, because of the fact that ten resolutions that had been presented to the House at its first meeting were referred to our Committee for examination and revision.

On Thursday and Friday, our Committee held two "open" sessions with delegates and alternates from numerous medical schools. The purpose of both of these two hour long meetings was to determine the opinions of the representatives on the resolutions presented. Throughout the remainder of the convention our committee convened on four separate occasions in "closed" session in order to revise and vote on each of the resolutions. As a result of the great amount of interest and concern that arose in regard to Resolution #5, that dealt with Forand type legislation and medical care for the aged, a three-man subcommittee was appointed to examine and revise this resolution before presentation to the House of Delegates: I was a member of that subcommittee, and it was found necessary to spend many long hours debating and rewording this resolution. On May 7th, the results of our efforts, Resolutions 5A and 5B, were unanimously accepted by the Miscellaneous Business Committee, and on May 8th, the entire House of Delegates voted to accept the revised form of Resolution #5. A copy of Resolutions #5A and #5B is included in this report.[3]

The final meeting of the House of Delegates was held on May 8th at 9:00 A.M. At this time, the delegates of each S.A.M.A. Chapter voted on the resolutions submitted by three Reference Committees: Medical Education, Graduate Training and Miscellaneous Business. It was very gratifying to witness the unanimous acceptance by the House of the entire Miscellaneous Business Committee Report. I would like to mention that the Committee was commended for the enormous amount of work it accomplished during the Convention.

A number of social functions were also scheduled during the Convention in order to allow the delegates and alternates to meet one another in a more casual atmosphere. It was an enjoyable experience to renew many old acquaintances from the 1959 S.A.M.A. Convention in Chicago. I was also pleased by the many favorable comments of various national and chapter representatives of S.A.M.A. in regard to Maryland's "S.A.M.A. Newsletter." During the 1959-1960 school year, we have been mailing our Newsletter to the national officers and many S.A.M.A. Chapters and I received many requests to

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[3] RESOLUTION #5A

WHEREAS: Among the objects of the Student American Medical Association are the advancement of the profession of medicine, and the preparation of its members to meet the social, moral and ethical obligations of the profession of medicine, and

WHEREAS: We recognize that there are many problems inherent in maintaining the present high standards of medical care, such as those that are due to a rapidly increasing population, as well as an increase in longevity of the people of this country, and

WHEREAS: The Student American Medical Association has investigated and studied the views of the medical profession, organized labor, insurance companies and other associated and interested organizations on health care for the aged, and

WHEREAS: The Student American Medical Association is deeply concerned with finding solutions to these problems, and

WHEREAS: We feel that there may be several areas of potential solution at this time, for example:

1) Improvement of present voluntary health insurance plans, to provide increased health coverage for the aged,
2) Re-evaluation of present age-specific retirement policies, and those retirement plans that restrict supplemental incomes, in order to seek means by which more aging citizens will be able to pay for their own health care,
3) Encouragement of community responsibility for those elderly citizens in need of support by utilization of local resources:

BE IT RESOLVED: That the Student American Medical Association go on record

1) as recognizing a need for the solution of the problems of medical care for the aged,
2) being in favor of a solution to this problem that will maintain the present high standards of medical care, and will also foster understanding of the needs of the individual.

RESOLUTION #5B

WHEREAS: The Current Trends Committee of SAMA has submitted their report on the problem of medical aid for the aging, and

WHEREAS: SAMA recognizes a need for positive steps toward resolving these problems

BE IT RESOLVED: That the Current Trends Committee

1) Continue to inform the members of SAMA of proposals made on the subject of providing medical aid for the aged, and
2) Investigate possible alternative solutions.

continue this practice, and also to advise some Chapters on the "mechanics" of establishing a S.A.M.A. Newsletter.

Before closing this report, I would like to express my sincere thanks for being chosen to represent the University of Maryland at the Tenth Anniversary Convention of S.A.M.A. It was a memorable and rewarding experience. It is my hope that the enthusiasm and ideas gained by all three of Maryland's representatives to this Convention, Albert Dawkins, Wilson Heefner, and myself, will result in the further improvement of Maryland's S.A.M.A. Chapter.

WILLIAM B. WEGLICKI, JR.
Delegate, University of Maryland
Chapter of the Student American Medical Association

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

The 109th Annual Meeting of the American Medical Association was held in Miami Beach, Florida, from June 13-17, 1960, and was one of the least controversial meetings of the AMA that has been held for many years. A large amount of business was transacted, however, and some of the points covered include the following:

Health Care for the Aged

The House of Delegates adopted the following statement as official policy of the AMA:

"Personal medical care is primarily the responsibility of the individual. When he is unable to provide this care for himself, the responsibility should properly pass to his family, the community, the county, the state, and only when all these fail, to the federal government, and then only in conjunction with the other levels of government, in the above order. The determination of medical need should be made by a physician and the determination of eligibility should be made at the local level with local administration and control. The principle of freedom of choice should be preserved. The use of the tax funds under the above conditions to pay for such care, whether through the purchase of health insurance or by direct payment, provided local option is assured, is inherent in this concept and is not inconsistent with previous actions of the House of Delegates of the American Medical Association."

In addition to adopting the above policy, the House urged the Board of Trustees of the AMA "to initiate a nonpartisan open assembly to which all interested representative groups are invited for the purpose of developing the specifics of a sound approach to the health service and facilities needed by the aged, and that thereafter the AMA present its findings and positive principles to the people."

The House also urged that the AMA increase its educational program regarding employment of those over 65, emphasizing voluntary, gradual and individualized retirement.

All of these actions followed opening remarks by the immediate past-president of the AMA, Louis M. Orr, M.D., which emphasized the aforementioned.

Opposition to Physician Inclusion Under Social Security

Reaffirmed its opposition to compulsory inclusion of physicians under Social Security.

Study of Content and Method of Preparing Hospital Records

Directed the Board of Trustees to initiate a study of present policy regarding the required content and method of preparing hospital records.

Group Annuity and Group Disability Insurance

Directed the Board of Trustees to develop group annuity and group disability insurance programs for Association members.

Pharmaceutical Issues

The House went on record by stating that the unorthodox practice of mail order filling of prescription drugs is not in the best interest of the patient, except where unavoidable because of geographic isolation of the patient. The statement pointed out the loss of direct personal relationship which exists at the patient-physician-pharmacist community level.

An objective appraisal of the pharmaceutical field in its relationship to medicine and the public was authorized and is to be presented to the AMA meeting in June, 1961. In authorizing this study, the House stated that the services of the Pharmaceutical Industry, "are so vital to the public and to the medical profession that an objective study should be made."

Occupational Health Programs

A new statement with regard to the Scope, Objectives, and Functions of Occupational Health Programs was adopted, but contains no fundamental alterations in AMA policy or ethical relationships.

Allied Health Groups

The House approved continued activity in liaison with allied health groups and approved the appointment of a Board of Trustees committee to carry on this work.

National Foundation:

The House adopted a statement of policies to guide state medical associations and recommended that they be adopted by all competent medical societies. A separate resolution accomplishing this will be introduced by the three AMA delegates to the September 15 meeting of the House of Delegates.

In addition, the House authorized further conferences with leaders in the National Foundation on the problem of poliomyelitis as it relates to the betterment of the public health and to consider further joint action toward the eradication of polio.

Other Actions

The House also reaffirmed its support of the Blue Shield concept in voluntary health insurance and approved specific recommendations concerning AMA-Blue Shield relationships.

Approved a contingent appointment of not more than six months for foreign medical school graduates who have been accepted for the September, 1960, qualification examinations.

Agreed that the AMA should sponsor a second National Congress on Prepaid Health Insurance.

Approved a Board of Trustees request to the Postmaster-General for a stamp commemorating the Mayo Brothers.

Decided that the establishment of a home for aged and retired physicians is not warranted at this time.

Approved the establishment of a new Scientific Achievement Award to be given to a non-physician scientist on special occasions for outstanding work.

Urged individual members of the Association to take a greater interest and more active part in public affairs on all levels.

All three delegates attended all sessions of the House of Delegates, as well as one member serving on the Reference Committee on Miscellaneous Business.

(See Page 493 Minutes)

Respectfully submitted,
ROBERT VL. CAMPBELL, M.D.
J. SHELDON EASTLAND, M.D.
GEORGE H. YEAGER, M.D.

REPORT OF THE NATIONAL FOUNDATION OF HEALTH SCHOLARSHIPS REPRESENTATIVE

Mr. President and Members of the House of Delegates:

On June 22, 1960 there was a meeting of the National Foundation Health Scholarship Committee for Maryland. This committee was composed of a representative from Medicine, Medical Social Work, Nursing, Occupational Therapy, and Physiotherapy.

From the application files, one winner and two alternates from each of the five health fields included in the health scholarship program were selected.

The purpose of the foundation was to help alleviate the national shortage of professional health personnel. These scholarships are awarded to worthy students who need financial assistance for their education. There were fifteen candidates for scholarships in Medicine, five less than applied last year. Those who gave the clearest picture of financial need merited very high consideration. The policy of the National Foundation in all scholarship and fellowship programs is to allow the student a free choice of colleges.

Upon the selection of the successful candidates in each of these health groups the names were forwarded to Dr. Thomas M. Rivers, Vice-President of Medical Affairs of the Foundation, at its headquarters in New York City, who in turn notifies the successful candidates.

This is a very worthy project under the Medical Scientific Research, Professional Education, and Medical Care program of the Foundation.

The results of these nationwide committee meetings was the selection of successful candidates and alternates in each state, the District of Columbia, and Puerto Rico.

(See Page 493 Minutes)

Respectfully submitted,
W. Houston Toulson, M.D.

COMMITTEE TO CONSIDER RELATIONSHIP BETWEEN HOSPITALS AND SPECIALTIES AND THE MANNER OF PAYMENT OF PROFESSIONAL SERVICES

Mr. President and Members of the House of Delegates:

Inasmuch as this Committee has been inactive now for some time without any cases being referred to it, I believe it should be discharged and the Hospital Association so notified.

(See Page 493 Minutes)

Respectfully submitted,
Webster H. Brown, M.D., *Chairman*
E. Hollister Davis, M.D.
Henry L. Wollenweber, M.D.
A. Dougal Young, M.D.
Mr. Carroll D. Hill
Mr. Parker J. McMillin
Mr. Harvey H. Weiss

BUILDING COMMITTEE REPORT

Mr. President and Members of the House of Delegates:

This report is primarily one of progress in connection with the renovation of the Faculty property, as approved by this House of Delegates in April, 1960.

The contract was awarded to John K. Ruff & Son, Inc., general contractors. This organization was the low bidder ($256,950.) for the work authorized by the House of Delegates. Work commenced shortly after the contract was awarded, and the final completion date is April 1, 1961. The two adjoining buildings at 1215-1217 Cathedral Street have been demolished. Work on Osler Hall is scheduled for completion on October 1, 1960, but they may fall behind a few days on this date, although the final coat of paint, as well as the new floor, will not be completed until after the office staff has been relocated in its renovated quarters. Temporarily, from approximately October 1 through early 1961, the administrative staff will be utilizing the side areas of Osler Hall, leaving the center portion for use as an auditorium.

The library staff and a working collection of reference books are located at the corner of Cathedral and Preston Streets, which is close to the Faculty building. This space has been rented for the period of one year, and it is hoped that the library will be relocated in its permanent quarters before the expiration of the lease signed for the rental of this space.

Temporary quarters have been provided for the Board of Medical Examiners and for the Maryland League for Nursing. The Maryland Nurses Association vacated its quarters on July 1 after a fifty-year association with the Faculty by rental of space from it.

The staff of the Faculty deserves special commendation for the trying conditions they have been working under. Despite this, they have continued to turn out their normal amount of work and have expressed no complaints about their working conditions.

To date, it has not been necessary to resort to borrowing funds to pay bills received from the general contractor. Preliminary discussions have been held with financial institutions in this connection.

The Building Committee would like to express appreciation to the members of this House of Delegates for making long-needed renovations to the Faculty property and for the confidence vested in the committee last April. It is anticipated that a complete report will be presented to the Annual Meeting in 1961, when the entire renovation work will be completed.

Each member of the Faculty is urged to visit the Faculty Building, ask any questions he might have, and offer suggestions that might still be incorporated into the overall plans.

(See Page 493 Minutes)

Respectfully submitted,
Albert E. Goldstein, M.D., *Chairman*
John W. Parsons, M.D., *Treasurer*
Everett S. Diggs, M.D.
E. W. Ditto, Jr., M.D.
J. Sheldon Eastland, M.D.
R. Walter Graham, M.D.
William B. Long, M.D.
S. Herbert Mueller, Jr., M.D.
Charles F. O'Donnell, M.D.
James H. Ramsay, M.D.
Austin B. Rohrbaugh, Jr., M.D.

BOARD OF MEDICAL EXAMINERS OF MARYLAND

Mr. President and Members of the House of Delegates:

The following Bill, subtitle, "Health—Narcotic Drugs," has been prepared by the Attorney General's Office and is presented for your approval:

A BILL
ENTITLED

AN ACT to repeal and re-enact, with amendments, Section 293 of Article 27 of the Annotated Code of Maryland (1957 Ed.), title "Crimes and Punishments,"

sub-title "Health—Narcotic Drugs," authorizing the various licensing boards to place on probation any physician, dentist, pharmacist, or veterinarian who is or shall become addicted to the drug habit.[4]

1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Section 293 of Article 27 of the Annotated Code of Maryland (1957 Ed.), title "Crimes and Punishments," sub-title "Health—Narcotic Drugs," be and the same is hereby repealed and re-enacted, with amendments to read as follows:

293. (a) On the conviction of any person of the violation of any provisions of this sub-title, a copy of the judgment and sentence, and of the opinion of the court or magistrate, if any opinion be filed, shall be sent by the clerk of the court, or by the magistrate, to the board or officer if any, by whom the convicted defendant has been licensed or registered to practice his profession or to carry on his business. And such board or officer shall have the power to revoke such license or registration. A duplicate copy of the judgment and sentence and opinion, if any opinion be filed, shall be sent to the State Department of Health.

(b) Any physician, dentist, pharmacist or veterinarian who is or shall become addicted to the drug habit shall either have his license suspended ((by)) *or be placed on probation in the discretion of* the board under which he has been licensed until such time as such physician, dentist, pharmacist or veterinarian shall offer satisfactory proof to the State Board of Health of having become cured of such habit. Upon any relapse from any such cure, the license of such physician, dentist, pharmacist, or veterinarian shall become permanently revoked by the board under which he has been licensed.[4]

SEC. 2. AND BE IT FURTHER ENACTED, that this Act shall take effect June 1, 1961.

(See Page 493 Minutes)

Respectfully submitted.
FRANK K. MORRIS, M.D., *Secretary*
VERNON H. NORWOOD, M.D.
NORMAN E. SARTORIUS, JR., M.D.
WYLIE M. FAW, JR., M.D.
LEWIS P. GUNDRY, M.D.
JOHN H. HORNBAKER, M.D.
SAMUEL McLANAHAN, M.D.
WALTER C. MERKEL, M.D.

REPORT OF MEDICAL ECONOMICS COMMITTEE

Mr. President and Members of the House of Delegates:

The Medical Economics Committee was instructed by the House of Delegates to continue its activities in connection with matters referred to it a year ago, action on which has been delayed because of lack of information and data directly concerned with them.

Over 65 Years Blue Shield Policy

The Council referred this matter to the Committee after the AMA had made such a suggestion that component societies develop such a policy for those over 65 years of age, with lower premiums and lower fees paid to physicians.

It was the opinion of the Committee at its first meeting that this was not the answer to any problem that might exist in those people over 65 years of age having difficulty in meeting their medical and surgical expenses.

The Committee suggested to the Blue Shield organization that it open its enrollment to all over age 65 so that those who were able to purchase Blue Shield policies could do so despite their age. This was done and a considerable number of people in this category purchased such coverage.

At the same time, the Committee requested Blue Shield authorities to study this problem and report back to the Committee.

The Blue Shield authorities now advise against introduction of any such policy because it would not serve any useful purpose, both because of an apparent lack of desire on the part of the medical profession individually and the fact that there are many problems that would arise if such a policy were developed.

The Committee concurs in this opinion of Blue Shield authorities and recommends:

That the Medical and Chirurgical Faculty does not approve of establishing a special over age 65 Blue Shield policy, because the profession as a whole has always taken care of individuals, regardless of their ability to pay, and sees no useful purpose to be accomplished by the introduction of such a special policy; nor does it see any advantages, but a large number of disadvantages, both in the sale and administration of any such policy issued.

Health Insurance Council Liaison

The Committee was requested to consider a question of a Simplified Life Insurance Medical Report Form, at the suggestion of the Health Insurance Council in Maryland.

While no specific form has been presented to the Committee, it thought there was much to be gained by liaison with the local Health Insurance Council and recommends:

1. **That the Medical Economics Committee be empowered to discuss the question of a simplified Life Insurance Medical Report Form with the local Health Insurance Council.**
2. **That the Medical Economics Committee be empowered to establish liaison with the local Health Insurance Council for the purpose of discussing any problems of mutual interest. The Medical Economics Committee recommends the adoption of this report as a whole.**

(See Page 494 Minutes)

Respectfully submitted,
ROBERT C. KIMBERLY, M.D., *Chairman*
RICHARD D. BAUER, M.D.
A. C. DICK, M.D.
EVERETT S. DIGGS, M.D.
WILLIAM B. HAGAN, M.D.
J. RALPH HORKY, M.D.
PHILIP A. INSLEY, M.D.
R. CARMICHAEL TILGHMAN, M.D.

IT IS NOW TIME FOR THE MEDICAL PROFESSION TO TAKE AN INVENTORY

Mr. President and Members of the House of Delegates:

Since inflation and the high cost of hospitalization has caused the public to protect itself through various types of health insurances, the third party has invaded the practice of medicine; and certain third parties have stepped between the patient-doctor relationship.

Your House of Delegates has passed a resolution requesting that no further expansion be made in outpatient treatments under Blue Cross, a hospital insurance program; that outpatient expansion as a professional service

[4] Amended—see minutes.

be made, but only under *Blue Shield*. Our hospitals have stepped over into the practice of medicine through Blue Cross. Of course this was before Blue Shield was formed.

When Blue Shield was formed in Maryland, it was a contract between individual licensed physicians and a corporation. Later on, when Blue Shield patients were admitted as service cases to our hospitals, the physicians rendering the professional service received these fees. Certain Blue Shield patients were treated by the resident house staff under the supervision of the staff doctors. Your House of Delegates passed a resolution allowing these Blue Shield fees to be paid into an educational fund to be used for postgraduate training of house officers. Since that time, year by year, the amount of Blue Shield fees paid to this fund has increased to such a huge amount that in 1958 Blue Shield paid $316,000 into this fund, with an estimated like amount also paid by commercial insurance carriers.

Certain hospitals were trying to find ways to spend these monies, and they are finding their answers. They are paying a fulltime salary to a Director of Medical Education, buying equipment for research (lots of this equipment is not being used), and increasing the monthly stipend of house officers, taking this money out of the fund!

Gentlemen, we now see an octopus taking ever increasing Blue Shield fees and hospitals using this money for general funds. To my mind, our House of Delegates superseded its authority when it gave permission to Blue Shield to pay these fees to any intern or education fund. Remember, only individual licensed physicians have a signed contract with Blue Shield. Therefore, I suggest that our House of Delegates withdraw this permission from Blue Shield. I suggest that these fees on service cases be paid to the chief of each service and that he supervise the expenditure for his department. This, gentlemen, would eliminate a third party.

Recently it has come to my attention that two foreign, unlicensed physicians have been employed by a hospital to work in the Outpatient Department and accident room at a salary of $8,000. They are supposed to be fellows. Another hospital contracted for a full-time x-ray man for "x" dollars. Fortunately, when the medical staff found out what was going on, they corrected this situation by exerting their professional prerogatives.

Gentlemen, these encroachments are by the third parties or administrative orders without the consent of the medical staff. Therefore, it is the duty of every physician to take an active part in the medical staff of his hospital and component medical society to see that third parties and administrators are properly informed as to the medical profession's Code of Ethics. We do not want socialized and the corporate practice of medicine to come in by the back door. Always remember that America is a capitalistic state of *free* enterprise.

As for x-ray and pathology, their practice is the practice of medicine under the laws of Maryland and also by the decision of our Supreme Court. Since some of these specialists have worked for a fixed hospital salary, I would suggest that the Maryland Society of Radiology and the Maryland Society of Pathology compose a resolution and forward it to the American Society of Radiology and the College of American Pathologists requesting these societies put a grandfather clause in their Code of Ethics stating that as of a certain date all new members be required to sell their professional services only on a fee for service basis. This grandfather clause in time will settle these groups' present dilemma.

If one attends the Federation of the State Board Examiners and Licensures and the Congress of Medical Education and Post Graduate Medical Education held each February in Chicago, one sees a large gathering of full-time salaried employees discussing and outlining policies that affect all physicians. Absent from the voice of this group are the busy doctors at home treating the patients.

Not many years ago the American College of Surgeons, with the American Medical Association, started to inspect and evaluate intern and residency programs. Later on, as the American College of Physicians grew up, it was included in the evaluation programs. Remember, gentlemen, that these three groups, the American Medical Association, the American College of Surgeons, and the American College of Physicians, are all physicians. In 1950, a big change occurred. The fore-named groups accepted the American Hospital Association and formed The Joint Conference Committee.

Most of the laymen and a large group of physicians think that the American Hospital Association is a medical group. How wrong can they be! The American Hospital Association is a group of hospital administrators. Ninety-five per cent are full-time salaried lay employees selected from the ranks of ex-purchasing agents, accountants, sometimes a favorite relative of a member of the Board of Trustees, nurses, and nursing nuns. Very few of the five per cent of the medical doctor hospital administrators have ever had any experience in the clinical practice of medicine or surgery. In Baltimore today, I believe we have two medical doctor hospital administrators.

One of the main responsibilities of an administrator is to balance the hospital budget. Some administrators are anxious to expend hospital professional services and employ medical doctors for 2x dollars, bill the patient $3x, $4x, or $5x, and consume any profit. One local ex-administrator told me the Clinical Pathology Department of his hospital showed a profit of $138 in one year. He was pleased with this profit and gave no thought to medical ethics.

A high official of the American Hospital Association has voiced his opinion that the roentgenologists and pathologists should be hospital employees. The service is better and more economical. His statements have been satisfactorily answered by the secretaries of the American Society of Radiology and Pathology. They have outlined the bibliography of this American Hospital Association official, showing he has never had any special training in x-ray or pathology; hence the lack of soundness of his administrative opinion. Recently this same American Hospital Association official stated that he surveyed his hospital one day and that out of over three hundred Blue Cross admissions, there were no diagnostic admissions. Gentlemen, this is not the experience of any other hospital.

In summary:

Support the policies of your Faculty.

1. No further expansion of professional services under Blue Cross.
2. Expansion of professional services only under Blue Shield.
3. A separate director for Blue Shield.

and

4. Ask our House of Delegates to withdraw the permission it gave to Blue Shield to pay professional fees to a third party, postgraduate education funds.

5. Request all licensed physicians on medical staffs to see that the Professional Code of Medical Ethics is thoroughly understood and carried out by all, including the administration, boards of trustees, and governors.
6. Keep alert, your component medical society and Faculty's business is your business. Remember you are a medical doctor; don't forget pre-medical school, medical school, intern, and residency days—a long number of years of hard work. With this long training, who is best qualified to treat the patients and give them what they need?
7. Separate Blue Cross and Blue Shield so that next year when Blue Cross asks for another raise, your patients will not ask you, "Why do doctors want more money each year?" Gentlemen, there has been practically no fee increase in Blue Shield since I signd up ten years ago.

(See Page 494 Minutes)

Respectfully submitted,
FRANK K. MORRIS, M.D.

GOOD SAMARITAN BILL—REPORT ON THE PROPOSED AMENDMENT TO THE MARYLAND STATUTES AS REQUESTED ON APRIL 22, 1960, BY THE HOUSE OF DELEGATES OF THE MEDICAL AND CHIRURGICAL FACULTY

Resulting from
The Resolution submitted (2-26-60) by the Montgomery County Medical Society *Urging the State to Enact Legislation Relating to Emergency Medical Treatment*

No physician licensed to practice medicine by the Board of Medical Examiners of the State of Maryland, who in good faith renders medical aid, care and assistance at the scene of an accident, or emergency, shall be liable for any civil damages as the result of any acts or omissions by such physician in rendering such aid, care and assistance, and such physician shall have an absolute defense against any action for negligence or malpractice brought against him because of any acts or omissions in the rendering of such care, aid and assistance.

(See Page 494 Minutes)

ANNUAL MEETING
Wednesday, April 26-Friday, April 28, 1961

CHRONOLOGICAL OUTLINE OF BUSINESS SESSIONS

BUSINESS SESSIONS

COUNCIL (Closed Sessions.)

Wednesday, April 26, 1961, 9:00 a.m. The Alcazar.
Friday, April 28, 1961. Meeting of *NEW* Council immediately following meeting of House of Delegates. Faculty Building.

HOUSE OF DELEGATES (Meetings open to all members.)

Wednesday, April 26, 1961, 9:25 a.m. Special Session. The Alcazar.
Wednesday, April 26, 1961, 9:30 a.m. The Alcazar.
Friday, April 28, 1961, 2:00 p.m. Faculty Building.

Luncheon will be served to the members of the Council, House of Delegates and Chairmen of Committees at 12:30 p.m. on Wednesday, April 26, 1961, at the Sheraton Belvedere Hotel in conjunction with the Woman's Auxiliary Luncheon.

HOUSE OF DELEGATES

MEMBERSHIP

The House of Delegates is composed of the delegates of the Component Societies, members of Council, and a representative from the Board of Medical Examiners.

Members of Council

Charles F. O'Donnell, *Chairman,* Towson (Central District)
M. McKendree Boyer, *Vice-Chairman,* Damascus (South Central District)
Leo Brady, Baltimore (Central District)
Robert W. Farr, Chestertown (Eastern District)
Russell S. Fisher, Baltimore (Central District)
R. Walter Graham, Jr., Baltimore (Central District)
Waldo B. Moyers, Hyattsville (South Central District)
R. Carmichael Tilghman, Baltimore (Central District)
Howard M. Bubert, Baltimore (Central District)
Albert E. Goldstein, Baltimore (Central District)
Amos R. Koontz, Baltimore (Central District)
John Mace, Jr., Cambridge (Eastern District)
Arthur O. Wooddy, LaPlata (Southern District)
Everett S. Diggs, Baltimore (Central District)
E. W. Ditto, Jr., Hagerstown (Western District)
J. Roy Guyther, Mechanicsville (Southern District)
W. Royce Hodges, Jr., Cumberland (Western District)
Whitmer B. Firor, *President,* Baltimore
Leslie E. Daughterty, *Past President,* Cumberland
Wetherbee Fort, *Treasurer,* Baltimore
Howard B. Mays, *Assistant Treasurer,* Baltimore
William Carl Ebeling, *Secretary,* Baltimore
Howard F. Kinnamon, *President-elect,* Easton
William A. Pillsbury, Jr., *Chairman, Committee on Constitution and Bylaws,* Timonium
Louis Krause, *Chairman of Library Committee,* Baltimore
George H. Yeager, Baltimore, *A.M.A. Delegate*
J. Sheldon Eastland, Baltimore, *A.M.A. Delegate*
Robert vL. Campbell, Hagerstown, *A.M.A. Delegate*

The above officers serve, in the capacity shown, until conclusion of the Annual Meeting, April 1960, with the exception of the Delegates to the American Medical Association and the Board of Medical Examiners.

Delegates	Alternate Delegates
Allegany-Garrett County	
Leslie E. Daugherty, Cumberland	Saville G. Weisman, Cumberland
Blaine M. Schindler, Cumberland	Carlton Brinsfield, Cumberland
Anne Arundel County	
Hubert F. Manuzak, Glen Burnie	Edward S. Beck, Annapolis
Manning W. Alden, Annapolis	Robert A. Riley, Jr., Annapolis
John F. Hawkins, Jr., Severna Park	Jesse L. Wilkins, Annapolis
Baltimore City	
John W. Ashworth	Salvatore H. Barranco
Worth B. Daniels	Thomas E. VanMetre, Jr.
John B. DeHoff	Charles O'Donovan, Jr.
Herbert N. Gundersheimer	John Triplett Haxall Johnson
Arthur Karfgin	Henry L. Wollenweber
J. Elliot Levi	William G. Speed, III
John Herman Long	James S. O'Hare
W. Kenneth Mansfield	William F. Renner
John M. Scott	William G. Marr
Arthur G. Siwinski	Donald F. Proctor
Douglas H. Stone	S. Edwin Muller
J. Arthur Weinberg	Raymond K. Thompson
Thomas S. Bowyer	Daniel Wilfson
John N. Classen	George A. Knipp
Ernest I. Cornbrooks, Jr.	A. Andrew Alecce
Joseph D'Antonio	Emanuel S. Ellison
William A. Darby	Edward L. Suarez-Murias
Albert Gubnitsky	Deonis M. Lupo
William G. Helfrich	Richard A. Sindler
Lauriston L. Keown	Thomas Edgie Russell, Jr.
Howard M. Kern	Martin A. Robbins
Louis J. Kolodner	Leslie A. Wall, Jr.
F. Ford Loker	James K. V. Willson
J. Emmett Queen	James N. Cianos
Raymond C. V. Robinson	Harry Ashman
Emmanuel Schimunek	Charles B. Marek
Aaron C. Sollod	Robert F. Healy
John D. Young, Jr.	Harry McB. Beck
Baltimore County	
Martin E. Strobel, Reisterstown	Charles H. Williams, Pikesville
Melvin B. Davis, Dundalk	David H. Andrew, Dundalk
Frederick A. Holden, Baltimore	George S. M. Kieffer, Baltimore
D. Delmas Caples, Reisterstown	Clarence E. McWilliams, Reisterstown

Delegates	Alternate Delegates
Montgomery County	
John G. Ball, Bethesda	James P. McCarrick, Rockville
Robert A. Bier, Silver Spring	Charles I. Warfield, Silver Spring
Austin B. Rohrbaugh, Jr., Chevy Chase	Arthur Woodward, Rockville
William S. Murphy, Bethesda	Henry P. Laughlin, Chevy Chase
William T. Joyce, Bethesda	Wilfred W. Eastman, Silver Spring
Merrill M. Cross, Silver Spring	Robert G. Angle, Bethesda
Prince George's County	
Wolcott L. Etienne, College Pk.	David S. Clayman, Riverdale
William B. Hagan, Mt. Rainier	John S. Haught, Mt. Rainier
Hans Wodak, Greenbelt	John W. Perkins, Hyattsville
Queen Anne's County	
C. Rodney Layton, Centreville	John R. Smith, Jr., Centreville
St. Mary's County	
Leon W. Berube, Mechanicsville	Julian S. Lane, Lexington Park
Somerset County	
C. G. Rawley, Crisfield	A. N. Barr, Crisfield
Talbot County	
Thurston Harrison, Easton	Guy M. Reeser, Jr., St. Michaels
Donald F. Bartley, Easton	Robert W. Trever, Easton
Washington County	
Bender B. Kneisley, Hagerstown	Howard N. Weeks, Hagerstown
Archie R. Cohen, Clear Spring	George Jennings, Hagerstown
Frank E. Brumback, Hagerstown	John A. Moran, Hagerstown
Wicomico County	
Osborne D. Christensen, Salisbury	James Patrick Gallaher, Salisbury
Henry A. Briele, Salisbury	
Worcester County	
Robert C. LaMar, Snow Hill	Nathanael R. Thomas, Ocean City

Calvert County

Hugh W. Ward, Owings — Page C. Jett, Prince Frederick

Caroline County

Dale R. Kollman, Denton — Frank M. Anderson, Federalsburg

Carroll County

E. Ambler Thompson, Taneytown — Charles L. Billingslea, Westminster
Morrell M. Mastin, Sykesville — Julius Chepko, Westminster

Cecil County

Klaus H. Huebner, North East — John A. Fischer, Elkton

Charles County

Frederick M. Johnson, LaPlata — James E. Andrews, Indian Head

Dorchester County

Eldridge H. Wolff, Cambridge — Albert E. Bunker, Cambridge

Frederick County

Frank S. Damazo, Jr., Frederick — Rex Martin, Frederick
Frederick J. Heldrich, Jr., Frederick — Albert M. Powell, Jr., Frederick

Harford County

Philip W. Heuman, Bel Air — Robert A. Barthel, Jr., Forest Hill
Malcolm Dudley Phillips, Darlington — Frederick J. Hatem, Havre de Grace

Howard County

George E. Burgtorf, Jr., Ellicott City — Theodore R. Shrop, Ellicott City

Kent County

William M. Gatewood, Rock Hall — Oskar S. Gulbrandsen, Chestertown

HOUSE OF DELEGATES MEETINGS

Special Session, House of Delegates

Wednesday, April 26, 1961, 9:25 A.M.

Wednesday, April 26, 1961, 9:30 A.M.

The Alcazar, Cathedral and Madison Streets

Whitmer B. Firor, M.D., *President,* Presiding

I. Call to order.
II. Registration of delegates.
III. Report of officers and committees. (A summary of the reports has been mailed to every member of the House of Delegates.)
IV. Report of Nominating Committee.
Nomination of officers, councilors, delegates to the American Medical Association, and committees; and recommendations to the General Meeting for the Board of Medical Examiners.

Friday, April 28, 1961, 2:00 P.M.

Faculty Building, 1211 Cathedral Street

Whitmer B. Firor, M.D., *President,* Presiding

I. Call to order.
II. Registration of delegates.
III. Election of officers.
IV. Resolutions Committee.
V. Unfinished business.
VI. New business.

The meetings of the House of Delegates are open to all members of the Faculty, but the privileges of the floor are for delegates only. If they so desire, members of the House of Delegates may ask the chairmen of the committees for elucidation of their reports.

Resolutions and recommendations are referred to the Resolutions Committee.

Resolutions Committee which Committee shall present them to the House of Delegates with its recommendations for approval, disapproval or for recommittal to the sponsor for revision with the recommendations of the Resolutions Committee. If the Resolutions Committee approves the principle of a proposed Resolution but not the form of its expression, it shall have the authority to submit to the sponsor a revision which, if acceptable to the sponsor, may be presented to the House of Delegates by the Resolutions Committee.

The Council may refer to the Resolutions Committee all recommendations that should be formulated as resolutions before presentation to the House of Delegates with an expression of opinion by the Council as to the policy involved therein.

When requested by the Presiding Officer of the House of Delegates, the Resolutions Committee shall report to the House of Delegates."

All delegates are urged to register so that an accurate record of attendance may be included in the minutes of the House of Delegates for the Transactions.

The following is quoted from the Constitution and Bylaws, Chapter X, Section 8:

"Any new business involving a question of policy, which has not previously been considered by the Council or the House of Delegates, shall be referred to the Resolutions Committee for consideration, before being acted on by the House of Delegates. Any such new business shall be presented in writing to the Secretary of the Faculty at least eight (8) weeks prior to the Annual or Semiannual Meeting whichever happens to be concerned.

All proposed resolutions shall be referred to the

ELECTION OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND
GENERAL MEETING

Thursday, April 27, 1961

A general meeting of the Medical and Chirurgical Faculty of the State of Maryland was held on Thursday, April 27, 1961, at 9:15 a.m., at the Alcazar, Cathedral and Madison Streets, Baltimore, Maryland, for the purpose of electing two members of the Board of Medical Examiners of Maryland.

The President, Whitmer B. Firor, M.D., presided and called the meeting to order.

The names of the two nominees were presented to the General Meeting, as follows:

Vernon H. Norwood, M.D. (for re-election)

C. Stanford Hamilton, M.D.

Nominations from the floor were requested. There being none, the President declared nominations closed. Four tellers were duly elected.

Election took place by sealed ballot and the Secretary, William Carl Ebeling, M.D., reported that the following were unanimously elected:

Vernon H. Norwood, M.D. (re-elected)

C. Stanford Hamilton, M.D.

There being no further business, the meeting adjourned at 9:30 a.m.

MINUTES OF THE 235th MEETING
Wednesday, April 26, 1961

The 235th (special) meeting of the House of Delegates of the Medical and Chirurgical Faculty of Maryland was called to order at 9:25 a.m. by the President, Whitmer B. Firor, M.D., there being a quorum present.

The following delegates (or alternates) were registered as being in attendance:

Manning Alden, M.D., Anne Arundel County; John Ashworth, M.D., Baltimore City; John G. Ball, M.D., Montgomery County; Donald F. Bartley, M.D., Talbot County; Leon W. Berube, M.D., St. Mary's County; Robert A. Bier, M.D., Montgomery County; Thomas S. Bowyer, M.D., Baltimore City; M. McKendree Boyer, M.D., Council; Leo Brady, M.D., Council; Henry A. Briele, M.D., Wicomico County; Carlton Brinsfield, M.D., Allegany-Garrett County; Frank E. Brumback, M.D., Washington County; Howard M. Bubert, M.D., Council; Robert vL. Campbell, M.D., Council; D. Delmas Caples, M.D., Baltimore County; Osborne Christensen, M.D., Wicomico County; John N. Classen, M.D., Baltimore City; Archie R. Cohen, M.D., Washington County; E. I. Cornbrooks, M.D., Baltimore City; Merrill M. Cross, M.D., Montgomery County; Frank S. Damazo, M.D., Frederick County; Worth B. Daniels, M.D., Baltimore City; Joseph D'Antonio, M.D., Baltimore City; William A. Darby, M.D., Baltimore City; Leslie Daugherty, M.D., Allegany-Garrett County; Melvin Davis, M.D., Baltimore County; John DeHoff, M.D., Baltimore City; Everett S. Diggs, M.D., Council; E. W. Ditto, Jr., M.D., Council; J. Sheldon Eastland, M.D., Council; Wm. C. Ebeling, M.D., Council; W. L. Etienne, M.D., Prince George's County; Robert W. Farr, M.D., Council; Whitmer B. Firor, M.D., Council; Russell S. Fisher, M.D., Council; Wetherbee Fort, M.D., Council; William Gatewood, M.D., Kent County; Albert E. Goldstein, M.D., Council; Albert Gubnitsky, M.D., Baltimore City; H. Gundersheimer, M.D., Baltimore City; J. Roy Guyther, M.D., Council; William Hagan, M.D., Prince George's County; Frederick J. Hatem, M.D., Harford County; John F. Hawkins, M.D., Anne Arundel County; Fred. Heldrich, M.D., Frederick County; Wm. Helfrich, M.D., Baltimore City; Frederick Holden, M.D., Baltimore County; Klaus Huebner, M.D., Cecil County; Frederick Johnson, M.D., Charles County; William Joyce, M.D., Montgomery County; Lauriston Keown, M.D., Baltimore City; Howard F. Kinnamon, M.D., Council; Dale Kollman, M.D., Caroline County; Louis Kolodner, M.D., Baltimore City; Amos R. Koontz, M.D., Council; Robert La Mar, M.D., Worcester County; C. Rodney Layton, M.D., Queen Anne's County; J. Elliott Levi, M.D., Baltimore City; F. Ford Loker, M.D., Baltimore City; John Mace, M.D., Council; W. K. Mansfield, M.D., Baltimore City H. F. Manuzak, M.D., Anne Arundel County; Morrell Mastin, M.D., Carroll County; Howard B. Mays, M.D., Council; Frank K. Morris, M.D., Board of Medical Examiners; Waldo B. Moyers, M.D., Council; S. Edwin Muller, M.D., Baltimore City; W. S. Murphy, M.D., Montgomery County; Charles F. O'Donnell, M.D., Council; M. Dudley Phillips, M.D., Harford County; Wm. A. Pillsbury, M.D., Council; J. Emmett Queen, M.D., Baltimore City; C. G. Rawley, M.D., Somerset County; Martin A. Robbins, M.D., Baltimore City; R. C. V. Robinson, M.D., Baltimore City; Austin Rohrbaugh, M.D., Montgomery County; E. Schimunek, M.D., Baltimore City; John M. Scott, M.D., Baltimore City; Theodore R. Shrop, M.D., Howard County; A. G. Siwinski, M.D., Baltimore City; Aaron Sollod, M.D., Baltimore City; R. C. Tilghman, M.D., Council; J. A. Weinberg, M.D., Baltimore City; Charles Williams, M.D., Baltimore City; Hans Wodak, M.D., Prince George's County; E. H. Wolff, M.D., Dorchester Coun-

ty; Arthur O. Wooddy, M.D., Council; John D. Young, M.D., Baltimore City.

The following alternate delegate was also registered as being in attendance at this meeting:

E. L. Suarez-Murias, M.D., Baltimore.

Present also for the meeting were the following staff personnel: Mr. John Sargeant and Mrs. Anna Wynde Leake.

REPORT OF THE CONSTITUTION AND BY-LAWS COMMITTEE

The Chairman of this Committee, William A. Pillsbury, M.D., then stated:

"By direction of the Committee on Constitution and Bylaws, I hereby give notice that at the annual session of the House of Delegates I will, on behalf of the Constitution and Bylaws Committee, move that the present Constitution and Bylaws be amended by substituting for them a revised set of Bylaws, copies of which have been sent to and are in the hands of all delegates and all component societies."

There being no second required or vote taken on this report, the President declared the meeting adjourned at 9:27 a.m.

Respectfully submitted,

WILLIAM CARL EBELING, M.D., *Secretary*

MINUTES OF THE 236th MEETING
Wednesday, April 26, 1961

KEY TO MINUTES

Bold type for recommendations and resolutions that are adopted. CAPS AND SMALL CAPS for recommendations that are *not* adopted. *Italics* for motions which are adopted.

The 236th meeting of the House of Delegates of the Medical and Chirurgical Faculty of Maryland was called to order at 9:33 a.m. by the President, Whitmer B. Firor, M.D., there being a quorum present.

The following delegates (or alternates) were registered as being in attendance:

Manning Alden, M.D., Anne Arundel County; John Ashworth, M.D., Baltimore City; John G. Ball, M.D., Montgomery County; Donald F. Bartley, M.D., Talbot County; Leon W. Berube, M.D., St. Mary's County; Robert A. Bier, M.D., Montgomery County; Thomas S. Bowyer, M.D., Baltimore City; M. McKendree Boyer, M.D., Council; Leo Brady, M.D., Council; Henry A. Briele, M.D., Wicomico County; Carlton Brinsfield, M.D., Allegany-Garrett County; Frank E. Brumback, M.D., Washington County; Howard M. Bubert, M.D., Council; Robert vL. Campbell, M.D., Council; D. Delmas Caples, M.D., Baltimore County; Osborne Christensen, M.D., Wicomico County; John N. Classen, M.D., Baltimore City; Archie R. Cohen, M.D., Washington County; E. I. Cornbrooks, M.D., Baltimore City; Merrill M. Cross, M.D., Montgomery County; Frank S. Damazo, M.D., Frederick County; Worth B. Daniels, M.D., Baltimore City; Joseph D'Antonio, M.D., Baltimore City; William A. Darby, M.D., Baltimore City; Leslie Daugherty, M.D., Allegany-Garrett County; Melvin Davis, M.D., Baltimore City; John DeHoff, M.D., Baltimore City; Everett S. Diggs, M.D., Council; E. W. Ditto, Jr., M.D., Council; J. Sheldon Eastland, M.D., Council; William C. Ebeling, M.D., Council; W. L. Etienne, M.D., Prince George's County; Robert W. Farr, M.D., Council; Whitmer B. Firor, M.D., Council; Russell S. Fisher, M.D., Council; Wetherbee Fort, M.D., Council; William Gatewood, M.D., Kent County; Albert E. Goldstein, M.D., Council; Albert Gubnitsky, M.D., Baltimore City; H. Gundersheimer, M.D., Baltimore City; J. Roy Guyther, M.D., Council; William Hagan, M.D., Prince George's County; Frederick J. Hatem, M.D., Harford County; John F. Hawkins, M.D., Anne Arundel County; Frederick Heldrich, M.D., Frederick County; William Helfrich, M.D., Baltimore City; Frederick Holden, M.D., Baltimore County; Klaus Huebner, M.D., Cecil County; Frederick Johnson, M.D., Charles County; William Joyce, M.D., Montgomery County; Lauriston Keown, M.D., Baltimore City; Howard F. Kinnamon, M.D., Council; Dale Kollman, M.D., Caroline County; Louis Kolodner, M.D., Baltimore City; Amos R. Koontz, M.D., Council; Robert La Mar, M.D., Worcester County; C. Rodney Layton, M.D., Queen Anne's County; J. Elliott Levi, M.D., Baltimore City; F. Ford Loker, M.D., Baltimore City; John Mace, M.D., Council; W. K. Mansfield, M.D., Baltimore City; H. F. Manuzak, M.D., Anne Arundel County; Morrell Mastin, M.D., Carroll County; Howard B. Mays, M.D., Council; Karl F. Mech, M.D., Council; Frank K. Morris, M.D., Board of Medical Examiners; Waldo B. Moyers, M.D., Council; S. Edwin Muller, M.D., Baltimore City; W. S. Murphy, M.D., Montgomery County; Charles F. O'Donnell, M.D., Council; M. Dudley Phillips, M.D., Harford County; Wm. A. Pillsbury, M.D., Council; J. Emmett Queen, M.D., Baltimore City; C. G. Rawley, M.D., Somerset County; Martin A. Robbins, M.D., Baltimore City; R.C.V. Robinson, M.D., Baltimore City; Austin Rohrbaugh, M.D., Montgomery County; E. Schimunek, M.D., Baltimore City; John M. Scott, M.D., Baltimore City; Theodore R. Shrop, M.D., Howard County; A. G. Siwinski, M.D., Baltimore City; Aaron Sollod, M.D., Baltimore City; R. C. Tilghman, M.D., Council; J. A. Weinberg, M.D., Baltimore City; Charles Williams, M.D., Baltimore City; Hans Wodak, M.D., Prince George's County; E. H. Wolff, M.D., Dorchester County; Arthur O. Wooddy, M.D., Council; John D. Young, M.D., Baltimore City.

The following alternate delegate was also registered as being in attendance at this meeting:

E. L. Suarez-Murias, M.D., Baltimore.

Present also for the meeting were the following staff personnel: Mr. John Sargeant and Mrs. Anna Wynde Leake.

The President then made several announcements to the delegates and alternates present.

ADOPTION OF MINUTES

The minutes of the Semiannual meeting, September 15, 1960, were adopted as published with the following amendment:

Add following delegates to registration list:

John B. DeHoff, M.D.,; J. Sheldon Eastland, M.D.; J. Elliot Levi, M.D.; Austin B. Rohrbaugh, Jr., M.D.

TREASURER'S REPORT

(See Page 523)

There being no objection from the floor, the Treasurer's report and Auditor's report were adopted as published.

The 1961 budget was presented for information of the House of Delegates.

Wetherbee Fort, M.D., Treasurer, then made the following remarks:

Mr. President,

Members of the House of Delegates,

As this will be my final report as Treasurer of the Faculty, I have asked permission from the President for a little more time than is usual for a report.

On February 21, 1955, I was elected Assistant Treasurer of the Faculty to serve under the late Dr. Albert J. Chatard, who, unfortunately, became ill that fall, and I was elected Treasurer to succeed him on January 1, 1956. I believe what finally made me accept the position was the advice and encouragement given to me so fully by Mr. Kirkman. Moreover, the position offered me a challenge, and I can assure you that I have no regrets about accepting the position.

The first shock, however, came when I was handed a financial statement which listed an income of $133,930 for the year of 1956 and an estimated increase of $30,000 if the Society were to function successfully, thus bringing the total needed up to $163,930. So the Finance Committee had many hectic meetings trying unsuccessfully to put a square plug in a round hole. Dr. Warfield Firor was at that time chairman of the Council, so I went to him with my problem. As the items, with their corresponding figures quoted in the statement, seemed absolutely necessary, I suggested to Dr. Firor that a Steering or Planning Committee be formed to meet with the Finance Committee and go over the list of expenditures, item by item, to see if any items could be eliminated or any reductions be made. Thus was born the Planning Committee, which advised that a survey be made by the firm of Rogers, Slade and Hill. Mr. R. P. Edlund was their representative who made the survey with us. This survey seemed to offer some help for the future, but, unfortunately, little help for the then present. How we finally obtained the necessary funds is well known to all of you. Assessments for two years. Perhaps we could have gotten by with only one year's assessment, but this, I felt, would not suffice if we were to get in the black and still remain so. I am happy to say that we did retain the second year's assessment, and at present we are very much in the black and should remain so. A copy of the auditor's report can be seen in Mr. Sargeant's office at any time you may desire to study it. For those not wishing to take the time to read the report, let me say, in 1955 the Faculty's assets were $706,000. On December 31, 1961, the figure reads, $1,107,000, and in the not too distant future we should be able to add another half million.

Now a few words about some of the helpful things that the Treasury Department has been able to accomplish during the past six and a half turbulent years. I say Treasury Department advisedly, because you realize that no one physician in active practice could have done the many things that have been carried through. I have been merely the captain of a great financial team consisting of Mr. Kirkman, until he retired and Mr. Sargeant came with us and took his place on the team, Dr. Everett Diggs, and Miss Wynde.

Here are a few of the more important and outstanding accomplishments:

1—A satisfactory salary scale for all of our employees.

2—Retirement arrangements for Miss Edgar and Mr. Kirkman, who have retired, and Miss King when she retires.

3—Retirement programs, with insurance benefits, for all our other employees.

4—Accident insurance for all employees, both physicians and salaried employees, when traveling on Faculty business.

5—Making the monthly medical journal into a self-supporting publication due to increased volume of advertising at higher advertising rates.

6—The establishment of job classifications for all personnel with the proper and realistic salary scale.

7—The payment of Blue Cross and Blue Shield membership fees for all employees of the Faculty. These matters of pension, Blue Cross and Blue Shield coverage and travelers insurance constitute the fringe benefits which had been discussed for some time but which were put into effect within the last two years.

8—Your Treasurer was able to bring to a successful conclusion negotiations with the Baltimore City Medical Society which resulted in their being willing to assume a more adequate share of the cost of space, facilities, and personnel which have been furnished to that organization.

9—Our improved financial position made it possible for us to loan $30,000 at 3 per cent interest to the Building Committee to help pay for the recent improvements to the Faculty Building.

The budget has, of course, been increased to meet the rising cost of service, supplies, and equipment, and the income for 1961 is estimated from all sources to be $251,392.19.

The final big undertaking in the Treasury Department will be a complete analysis of our investments through the counseling service of Mr. T. Rowe Price, which, I hope and believe will result in a considerable increase in our yearly income. I was granted permission through your Council to do this, and through the kindness and help of your incoming Treasurer, I have been assured that I may see this operation through, though I will be no longer an officer but simply working under Dr. Mays.

Speaking of increases in income, both for the benefit of those who may have been critical of the Library as well as those who have realized its worth, I may state that in the not too distant future the Faculty will be the recipient of between four hundred and five hundred thousand dollars from two elderly legatees.

In conclusion, may I say that it has been a great privilege and pleasure to serve the Faculty for these six and a half years. It was a real challenge that faced me, but with a lot of hard work, mostly carried on the shoulders of a grand group of helpmates, it was met. My thanks to the Executive Committee, the Council, the House of Delegates, Mr. Sargeant, and our beloved Miss Wynde.

One final word, which will be about my successor, Dr. Howard Mays. I have every confidence in his ability,

judgment, and good common sense. More tolerant than I and nowhere near as blunt, you will, I am sure, find working with him a pleasure.

God bless you one and all, and having just returned from Hawaii, I say "aloha."

PRESENTATION OF SCROLL

Following Dr. Fort's remarks and a standing vote of appreciation to Dr. Fort, the President then presented an illuminated scroll which contained the following data:

The Medical and Chirurgical Faculty of Maryland
presents this scroll to
WETHERBEE FORT, M.D.

Wetherbee Fort, M.D., has practiced medicine in this, his native State of Maryland, for forty-two years, and he has been a member of the Medical and Chirurgical Faculty for forty-one years.

During that period of time, his professional competency has healed the sick and saved the lives of countless persons. His loyalty to his profession has been exemplary. He has always been willing to assume important responsibilities in the activities of organized medicine. His ability and industry have brought to him many official honors.

He has served as Treasurer of the Faculty since 1956, and to this office he brought sound financial judgment, industry, and integrity, and he leaves that office at his own request with the certain knowledge that the financial affairs of the Faculty are in excellent condition.

For his distinguished record of accomplishments, for his rare qualities of mind and heart, for his devotion to his profession and for the many contributions he has made thereto,

The Medical and Chirurgical Faculty of the State of Maryland honors Wetherbee Fort, M.D., with the presentation of this scroll.

In deep affection
The Committee for the Council and Members
Baltimore, April 26, 1961

BUILDING COMMITTEE REPORT

(See Page 556)

There being no objection from the floor, the report of the Building Committee was adopted as published.

Dr. Goldstein then showed kodachrome slides of the renovated Faculty building to the members of the House of Delegates and urged the members to visit and see the improved facilities now available.

PRESENTATION OF PLAQUE AND SCROLL

Following Dr. Goldstein's remarks, the President then presented an illuminated scroll and a plaque to be installed in the building which contained the following information:

The Medical and Chirurgical Faculty of Maryland
presents this scroll to
ALBERT E. GOLDSTEIN, M.D.

Albert E. Goldstein, M.D., has practiced medicine for forty-nine years and has been a member of the Medical and Chirurgical Faculty for forty-five years. During this period of time, he has made important contributions to the knowledge of the treatment of urological diseases. His professional competency in his chosen specialty of urology has brought him honor and responsibility.

His friendly and cooperative spirit, his patience in resolving differences of opinion and ideas made possible the successful modernization of the Faculty's building.

He has earned and deserves the affection and esteem of every member of the Faculty. For his qualities of mind and heart, for his devotion to the best interests of the medical profession, and for the achievement of completing this important project assigned to him,

The Medical and Chirurgical Faculty of the State of Maryland honors Albert E. Goldstein, M.D., with the presentation of this scroll.

In deep affection
The Committee for the Council and Members
Baltimore, April 26, 1961

THIS PLAQUE IS DEDICATED
TO THE
SELFLESSNESS AND DEVOTION
OF
ALBERT E. GOLDSTEIN, M.D.
WITHOUT WHOSE PERSEVERANCE,
DILIGENCE, AND GREAT ENDEAVORS THE
RENOVATIONS TO THIS BUILDING
COULD NOT HAVE BEEN COMPLETED.
April 28, 1961

CONSTITUTION AND BYLAWS COMMITTEE REPORT

Dr. Pillsbury, Committee Chairman, read the following enacting resolution and moved its adoption.

WHEREAS, This Faculty is now governed by three documents which comprise its basic rules: The Act of Incorporation, the Constitution and Bylaws; and

WHEREAS, in the course of years discrepancies and disagreements between these documents are apt to appear due to piece-meal amendment making their interpretation difficult and uncertain and rendering some clauses meaningless or void; and

WHEREAS, The Act of Incorporation serves as a constitution, and the Faculty's parliamentary authority, *Robert's Rules of Order Revised,* advises the need only for Bylaws containing the basic rules of the organization; and

WHEREAS, It is felt that the basic rules contained in the present Constitution and Bylaws should be better organized in accordance with the parliamentary authority and other books by the same author; the present discrepancies between these documents eliminated, certain ambiguous clauses clarified, practices presently employed expressly included, and a complete reorganization of the Faculty's committees legalized, now, therefore, be it

RESOLVED, That the present Constitution and Bylaws be, and they hereby are, amended by substituting for them the following Bylaws:

Dr. Pillsbury then requested unanimous consent to waive the first reading of the proposed Bylaws since copies have been mailed to all Delegates and Components.

There being no objection, such consent was granted.

The Chairman then proceeded with the presentation of the proposed Bylaws, Chapter by Chapter and Section by Section. As each section was presented, amendments as per the attached amendment list were presented. Both a copy of the proposed Bylaws and the amendments presented at this meeting to each of the House of Delegates members are attached hereto and become a part of these minutes.

Article I, Sections 1-5 were approved as presented.

Article II, Sections 1 and 3-6 (renumbered) were approved as presented.

(A recess of five minutes at 10:45 a.m. was taken.)

The House reconvened at 10:50 a.m.

Article II, Section 2, was referred back to the Committee for clarification.

ARTICLE I—COMPONENT SOCIETIES

Section 1. All medical societies of the Maryland counties and Baltimore City chartered by the Faculty shall constitute the component societies of the Faculty.

Section 2. Application for a charter by a newly formed medical society shall be made in writing to the Council, which shall initiate such investigation as it deems necessary to determine that the applicant has complied with the requirements of the Faculty. A charter, signed by the President and Secretary of the Faculty, shall be issued upon a two-thirds vote of the Council.

Section 3. Only one component society shall be chartered in any county or Baltimore City. Component societies may write their own bylaws provided they do not conflict with the requirements of the Faculty.

Section 4. Component Societies shall be the judges of the qualifications of their own members, provided that they shall admit to membership every reputable and legally registered doctor of medicine who does not practice, claim to practice or support any exclusive system of medicine and who (1) is not a member of another component society, and (2) maintains his principal office within its area, or (3) maintains his residence within its area and the society in whose area he maintains his principal office consents. If a physician also maintains an office in the area in which he resides, he may choose to apply for membership in either the component society in whose area he resides or has his principal office. If, due to moving either his office or residence, a physician becomes ineligible to continue his membership in a component society, his membership must be transferred to the appropriate component society.

Section 5. Component societies shall transfer the membership of any member upon request without cost to another component society in which the member's application has been accepted provided the member is in good standing.

ARTICLE II—MEMBERSHIP

Section 1. Membership in the Faculty shall be active, associate, affiliate, emeritus, fifty-year or honorary.

Section 2. Active members shall consist of members in good standing of all component societies and include all members not required to hold another form of membership. They shall have the right to vote and hold office in their component society; to attend and participate in General Meetings; serve in the House of Delegates; hold office; serve on the Council or committees of the Faculty; serve as a delegate or alternate to the American Medical Association; serve on the Board of Medical Examiners; obtain physicians' defense; subscribe to the MARYLAND STATE MEDICAL JOURNAL, and enjoy all other rights and duties ordinarily accruing to members as set forth in the parliamentary authority.

Section 3. Associate members shall consist of members in good standing of all component societies who are (1) Doctors of Medicine, or those holding degrees of equal rank, who are not engaged in the clinical practice of medicine; (2) Doctors of Medicine engaged in the clinical practice of medicine and in full-time teaching positions in a medical school having a rank below that of associate professor; (3) Doctors of Medicine on the resident staff of a hospital or holding a fellowship and not in private practice, and (4) members of the Baltimore City Dental Society in good standing with that Society. They shall have the right to attend and participate in General Meetings; subscribe to the MARYLAND STATE MEDICAL JOURNAL; have the privileges of the building, the reading room, the use of the books and to hold such meetings in the building as meet with the approval of the Executive Committee. They shall not have the right to vote or hold office in their component societies. Those associate members who are Doctors of Medicine engaged in the clinical practice of medicine shall have the right of physicians' defense.

Section 4. Affiliate members shall consist of members in good standing of all component societies who are: (1) physicians licensed in Maryland who are active members of another constituent association of the American Medical Association and (2) formerly active or associate members who have removed from the State and wish to retain affiliation with the Faculty. They shall have the rights accruing to associate members except that of physicians' defense.

Section 5. Emeritus members shall consist of those active members who, upon the request of their component societies and recommendation by the Council, shall be so designated by majority vote of the House of Delegates. They shall be

(1) members no longer engaged in the practice of medicine, either in private practice, public health, administration, teaching or any other activity where their knowledge of medicine earns them an income; or (2) members whose health is such that their ability to carry on active practice has become greatly limited. They shall have the rights accruing to associate members. They shall not be entitled to physicians' defense.

Section 6. Fifty-year members shall consist of the active members in good standing of all component societies who have been active members for fifty years or more. They shall have the rights accruing to active members.

Section 7. Honorary members shall consist of those persons who, upon the recommendation of the Council, shall be so designated by two-thirds vote of the House of Delegates. The title shall be conferred for life and shall carry with it none of the obligations of membership. They shall have the rights accruing to associate members unless they are active or 50 year members.

ARTICLE III—FINANCE

Section 1. On or before January 31 each year, the Secretary of each component society shall forward to the Secretary of the Faculty (1) a complete roster of members during the preceding year with their addresses, noting any change in membership by death, removal or otherwise, and listed according to the type of membership held, (2) a list of the component societies' officers and (3) a list of the delegates and alternates to the House of Delegates. The Secretary shall also forward the following per capita annual dues:

(a) For active members: $15 for the first year in private practice; $25 for the second year in private practice, and $50 for each year in private practice thereafter.

(b) For associate members: $15 for those described in Article II, Section 3 (1) and (2) and $5 for those described in Article II, Section 3 (3) and (4).

(c) For affiliate members: $15.

Section 2. Within 30 days of the admission of a new member by a component society, the Secretary of the component society shall forward to the Secretary of the Faculty the member's name, address, and date of admission with the appropriate dues. In the case of a member who has transferred his membership, the Secretary of the component society to which his membership has been transferred shall forward to the Secretary of the Faculty the member's name, address and date of admission stating the name of the component society from which the member transferred.

Section 3. Dues of new members admitted by a component society after October 1 shall be applied to the following fiscal year. Dues of new members admitted by a component society after July 1 but before October 1 shall be one-half of the normal dues.

Section 4. Any component society, and all of its members, failing to comply with Section 1 of this Article by March 1 each year, may be suspended and forfeit all rights in the Faculty. Any member whose dues are unpaid by March 1 each year shall be deemed suspended and forfeit all rights in the Faculty and shall not be reinstated until after the Annual Meeting and all arrearages are paid.

Section 5. Any member entitled to physicians' defense shall forfeit that right if his dues were not paid to his component society by January 31 in the year in which the alleged malpractice occurred and the year in which the request is made provided that new members admitted after January 31 shall be entitled to physicians' defense for alleged acts committed after their admission.

Section 6. The House of Delegates may, upon the recommendation of the Council, impose an assessment in addition to dues to be paid with, and in the same manner as, dues by all active members. The Council may, upon the request of a member's component society, remit a member's dues and/or assessment for reasons of illness, financial hardship or temporary service in the Armed Forces or United States Public Health Service.

Section 7. The Baltimore City Dental Society shall pay $50 to the Faculty on or before March 1 each year for the purchase of dental books and journals.

Section 8. The fiscal year shall be from January 1 to December 31, inclusive.

Section 9. The Secretary of the Faculty shall pay over to the Treasurer of the Faculty all funds coming into his possession within ten days of their receipt.

Section 10. The control of all funds and investments shall be in the Treasurer who shall present a budget to the first meeting of the Council held after January 1 each year for its approval. When approved, the budget shall act as the Treasurer's authority to expend funds not in excess of amounts described therein for the purposes set forth. Expenditures of funds in excess of, or not provided for in the budget shall be made only upon the order of the Council or House of Delegates.

Section 11. No part of the net income of the Faculty shall inure to the benefit of any member or other individual.

ARTICLE IV—OFFICERS

Section 1. The elective officers shall be a President, a President-Elect, a First, Second and Third Vice-President, a Secretary, Treasurer and 17 Councilors.

Section 2. The appointive officers shall be one or more Assistant Secretaries and Assistant Treasurers, appointed by the Council as it deems necessary, and a Speaker of the House of Delegates, appointed by the President if he so desires. Appointive officers need not be members of the Faculty and shall serve at pleasure.

Section 3. Councilors in the numbers provided shall be elected by the House of Delegates from among the active members of constituent societies comprising the following districts:

(a) Western district: Allegany-Garrett, Carroll, Frederick and Washington Counties; two councilors.

(b) Eastern district: Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico and Worcester Counties; two councilors.

(c) Central district: Baltimore City, Baltimore and Harford Counties; nine councilors including at least seven from Baltimore City, one from Baltimore County and one at large.

(d) Southern district: Anne Arundel, Calvert, Charles, Howard and St. Mary's Counties; two councilors.

(e) South-Central district: Montgomery and Prince George's Counties: two councilors.

Section 4. The nominating committee shall nominate candidates for each elective office to be filled, except President, which nominations shall be mailed to every member of the House of Delegates at least ten days before its annual session. Additional nominations may be made from the floor at the first meeting of the session and voting shall be limited to the nominees. No member may be nominated without his consent. No two Vice-Presidents may be members of component societies in the same district.

Section 5. Elective officers shall be chosen at the second meeting of the annual session of the House of Delegates by ballot unless there is only one candidate for an office and the ballot is dispensed with by unanimous consent.

Section 6. Elective officers except councilors shall hold office for a term of one year or until their successors are elected. Councilors shall hold office for a term of three years or until their successors are elected, provided that they may not serve more than two consecutive terms. Elective officers shall assume their duties at the close of the annual session one year after their election except that the President-Elect shall assume that office at the close of the annual session at which he is elected.

Section 7. A majority vote shall be required for election. If on the third, and on each succeeding ballot, no candidate for an office has received a majority vote, the candidate receiving the least number of votes shall be withdrawn.

Section 8. The duties of the officers shall be such as are specified in these bylaws, the parliamentary authority and the orders of the House of Delegates or Council.

Section 9. Vacancy in the office of President shall be filled by the President-Elect. Vacancy in any other elective office or office appointed by it shall be filled by the Council until the next Annual Meeting of the House of Delegates.

ARTICLE V—GENERAL MEETINGS

Section 1. A General Meeting of the entire membership shall be held twice each year, the date and place to be fixed by the Council. Notice of these meetings shall be sent to all members at least 30 days in advance. Special General Meetings may be called by the Council or 250 members on ten days' notice.

Section 2. General Meetings shall be primarily for the delivery of the President's address, if he desires to make one, and the scientific program. They shall be presided over by the President, the President-Elect or one of the Vice-Presidents.

Section 3. General Meetings shall be open to all members and guests who register in advance giving their names and addresses and, if members, the component societies to which they belong.

Section 4. Active members at General Meetings may (1) refer any subject which has been presented to it to the House of Delegates; (2) recommend to the House of Delegates the appointment of a committee for investigation of matters of special interest and importance to the profession and public.

Section 5. The Committee on Program and Arrangements shall prepare and issue a program to be sent to all members at least 15 days before each General Meeting fixing the times

to be allotted each item in such program. All papers read before a General Meeting shall be the property of the Faculty and a copy shall be delivered to the Secretary.

ARTICLE VI—HOUSE OF DELEGATES

Section 1. There shall be a House of Delegates which shall be the legislative body of the Faculty, having all power and authority over the affairs of the Faculty unless otherwise stated in these Bylaws and the following specific duties:

(a) To give diligent attention to, and foster the scientific work and spirit of, the Faculty.

(b) To make careful inquiry into the condition of the profession in the State, adopt procedures for the strengthening of component societies and foster formation of component societies in unorganized counties.

(c) To submit to a referendum any question pending before it upon a two-thirds vote of the House of Delegates, such referendum to be carried out in the same manner as, and in accordance with, the provisions of Article V, Section 4 (3). This motion shall rank with the motion to Commit or Refer.

Section 2. Regular meetings of the House of Delegates shall be held during the annual and semi-annual sessions. At the annual session it shall meet on the opening day and at any session it may adjourn to meet from time to time as it may deem necessary, provided that its meetings shall conflict as little as possible with General Meetings. Special sessions may be called by the President, the Council or 25 delegates.

Section 3. The call for regular sessions of the House of Delegates shall be sent to all delegates at least 30 days in advance with a tentative agenda. The call for special sessions of the House of Delegates shall be sent to all delegates at least 10 days in advance and shall state the purpose of the session.

Section 4. The members of the House of Delegates shall be:

(a) The members of the Council.

(b) One member of the Board of Medical Examiners elected by that body.

(c) One delegate from each chartered component society having 50 or less active members and one additional delegate for each additional 50 active members or major fraction thereof.

(d) One alternate from each chartered component society for each delegate. Alternates shall take no part in meetings unless sitting for a delegate.

Section 5. The number of delegates and alternates to which a component society shall be entitled shall be determined upon the number of its active members in good standing on December 31 each year. Delegates and alternates shall serve for a term of one year or until their successors are elected. The Secretary of each component society shall notify the Secretary of the Faculty of any changes in its delegates and alternates at least 60 days before each session.

Section 6. A quorum of the House of Delegates shall be 50 delegates provided there is present at least one delegate from each district.

ARTICLE VII—COUNCIL

Section 1. The Council shall be composed of the elective officers, the Immediate Past-President, the chairmen of the Bylaws and Library and History Committees and the delegates to the American Medical Association.

Section 2. The Council shall have all power and authority over the affairs of the Faculty during the interim between meetings of the House of Delegates, except that of modifying any action taken by the House of Delegates, and shall have exclusive power to: (1) issue charters to component societies; (2) recommend assessments; (3) remit a member's dues or assessment; (4) approve the budget; (5) appoint one or more assistant secretaries or assistant treasurers; (6) fill vacancies among the elective officers and those appointed by it; (7) fix the date and place of General Meetings; (8) authorize physicians' defense; (9) appoint an Editor and Business Manager of the MARYLAND STATE MEDICAL JOURNAL; (10) set the amount of bond on the Treasurer, the premium to be paid by the Faculty; (11) retain counsel to the Faculty for a one-year period; and (12) select independent certified accountants to audit the Treasurer's accounts and report to the annual session of the House of Delegates.

Section 3. Immediately following the close of the annual session of the House of Delegates, the Council shall elect a chairman and a Vice-Chairman from among its own membership who shall serve for one year or until their successors are elected.

Section 4. The Council shall meet immediately following the annual session of the House of Delegates and immediately prior to the annual and semi-annual sessions of the House, during January of each year, and at the call of the Chairman or three members. The place of meeting shall be fixed by the Chairman. A quorum of the Council shall be 15 of its members.

Section 5. The Council shall employ under contract an executive secretary who shall report and be responsible to the Council. He shall be the executive and general manager of the affairs of the Faculty and have authority to employ, discharge, and fix the compensation of personnel in accordance with the provisions of the personnel policies established by the Council.

Section 6. The Council shall make an annual report to the House of Delegates through its Chairman, and may send such resolutions as it deems desirable to the House of Delegates with or without first referring them to the Reference Committee.

ARTICLE VIII—EXECUTIVE COMMITTEE

Section 1. The Executive Committee shall consist of the President, the President-Elect, the Secretary, the Treasurer and the Chairman and Vice-Chairman of the Council.

Section 2. The Executive Committee shall act in an advisory capacity to the officers and staff in questions of immediate importance in the interim between meetings of the Council and shall perform such other duties as the Council may from time to time deem expedient.

Section 3. The Executive Committee shall meet at the call of the Chairman of the Council or two of its members. The Chairman of the Council shall be Chairman. A quorum of the Executive Committee shall be three of its members.

ARTICLE IX—BOARD OF MEDICAL EXAMINERS

Section 1. There shall be a Board of Medical Examiners composed of eight active members and it shall have such powers, duties, officers and meetings as are provided from time to time by law.

Section 2. Two members of the Board of Medical Examiners shall be nominated at the first meeting of the annual session of the House of Delegates and elected at a session of the General Meeting each year, where additional nominations may be made from the floor. They shall serve for a term of four years, or until their successors are elected and qualified, beginning on the first day of June following their election or as provided by law.

ARTICLE X—COMMITTEES

Section 1. A Committee on Program and Arrangements of four members, one of whom shall be elected at the annual session of the House of Delegates each year for a four-year term, shall prepare and issue a program for General Meetings, provide suitable accommodations for the meetings of the Faculty and have charge of all arrangements. The member whose term next expires shall be chairman.

Section 2. A Library and History Committee of five members, one of whom shall be elected at the annual session of the House of Delegates each year for a five-year term shall have control and supervision of all books, pamphlets, periodicals and written or printed material, including historical material, belonging to the Faculty; shall have authority to order and purchase such additions or replacements as it deems necessary within its budget, and shall prepare and maintain historical records regarding the Faculty and each Faculty Fund. The Baltimore City Dental Society shall have the right to elect one associate member of the committee. It shall elect its own chairman.

Section 3. A Finney Fund Committee of five members shall be elected at the annual session of the House of Delegates each year from among those active members who are engaged in the practice of surgery or a surgical specialty. It shall meet with the Library and History Committee to advise on procuring lectures and books, mimeographs and journals for the Library, on subjects related to surgery in its broad sense. It shall elect its own chairman.

Section 4. A Nominating Committee of seven members, of which the Immediate Past-President shall be chairman, shall be appointed by the President, who shall appoint one member from each of the five districts and one at large. It shall nominate candidates as provided in these bylaws for elective office, elected committees, the Board of Medical Examiners and delegates and alternates to the American Medical Association. No member except the Immediate Past-President may serve more often than once in every five years.

Section 5. A Mediation Committee composed of the five most recent living Immediate Past-Presidents and the Chairman of the Council, shall hear and determine all grievances or complaints involving or growing out of the practice of medicine as provided by these bylaws and mediate all problems involving or growing out of the practice of medicine. The senior Past-President shall be chairman.

Section 6. The President shall appoint annually before the semi-annual session of the House of Delegates, a Reference Committee of five members of the House of Delegates to which all original main motions except those emanating from the Council or committees shall be referred at least eight weeks prior to any regular and at least one week prior to any special meeting of the House of

Delegates. All such resolutions shall be reported to the House of Delegates with the Committee's recommendations for adoption, rejection and/or amendment, provided that with the sponsor's approval, the Committee may revise any such resolution. The House of Delegates may refer to the Committee any subject matter with instructions to draft and report an appropriate resolution covering the subject. The President shall designate the chairman.

Section 7. The President shall appoint, within one month after assuming his duties, a Bylaws Committee of four members to consider and recommend to the House of Delegates such amendments to those bylaws as it deems desirable. It may draft its own amendments or alter as it sees fit such proposed amendments as are submitted to it by members, committees or component societies. The President shall designate the chairman.

Section 8. A Policy and Planning Committee composed of the President, the Secretary, the Treasurer, the Chairman and Vice-Chairman of the Council and one member with an alternate elected annually by each component society, shall advise the House of Delegates and Council with regard to improvement of the services rendered by the Faculty to its component societies; consider the overall policies of the Faculty, and plan for the Faculty's future policies and goals. It shall elect its own chairman.

Section 9. The President shall appoint a Legislative Committee of five members which shall inform itself on all legislation, National, state and local, affecting the practice of medicine; advise the Faculty when necessary in regard to such legislation; and, with the President or such other persons as the Council or House of Delegates may name, represent the Faculty before any legislative body when required. It shall elect its own chairman.

Section 10. The President shall appoint a Membership Committee of three active and two associate members which shall consider the rights and classes of membership; make recommendations to the component societies regarding methods of recruiting new members, and arrange memorials or tributes to deceased members. It shall elect its own chairman.

Section 11. An Economics Committee of at least five members shall serve in an advisory capacity for the Medicare Program; conduct a continuing investigation regarding group insurance on a State-wide basis and confer with insurance carriers concerning insurance problems relating to specialties such as radiology, pathology and anesthesiology. Its chairman shall be appointed by the President who shall appoint the other members of the Committee with the approval of the President.

Section 12. A Committee on Post-Graduate Education, Preventive Medicine and Public Health of at least eight members shall consider and advise upon the following subjects, among others: Diabetes, geriatrics, maternal and child welfare, mental hygiene, pelvic cancer, rural health, tuberculosis, prevention of automotive highway disasters, regulations relating to hospital licensing and polio vaccine. Its chairman shall be appointed by the President who shall appoint the other members of the Committee with the approval of the President.

Section 13. A Public Relations Committee of at least five members shall undertake to supply speakers to organizations requesting them on subjects relating to the practice of medicine; undertake such methods as it deems advisable to inform and instruct the public generally on subjects related to the practice of medicine; issue to the press and other media of public information, releases relating to the meetings, actions and activities of the Faculty, with the advice and approval of the President or Executive Secretary, and serve in an advisory capacity to the Woman's Auxiliary. Its Chairman shall be appointed by the President who shall appoint the other members of the Committee with the approval of the President.

Section 14. A Liaison Committee of at least ten members shall provide from among its membership such liaison as is required on the following subjects: Veterans medical care, accreditation of hospitals, adoption and vocational rehabilitation; and to the following organizations: Bureau of Old Age and Survivors Insurance, State Department of Health and Maryland Pharmaceutical Association. Its Chairman shall be appointed by the President who shall appoint the other members of the Committee with the approval of the President.

Section 15. A Medicolegal Committee shall join with the corresponding committee of the Maryland State Bar Association, composed of an equal number, for the consideration of problems common to, or of concern to, both the medical and legal professions. Its chairman shall be appointed by the President who shall appoint the other members of the Committee with the approval of the President.

Section 16. The American Medical Education Foundation Committee of at least five members shall cooperate with the American Medical Education Foundation. Its chairman shall be appointed by the President who shall appoint the other members of the Committee with the approval of the President.

Section 17. An Occupational Health Committee of at least five members shall study and report as it deems advisable upon occupational disease programs and health programs in industry. It shall serve in an advisory capacity to the State Accident Fund. Its chairman shall be appointed by the President who shall appoint the other members of the Committee with the approval of the President.

Section 18. A Medical Emergency Disaster Service Committee of at least five members shall develop plans for medical aid in the event of a civilian disaster or enemy attack. Its chairman shall be appointed by the President who shall appoint the other members of the Committee with the approval of the President.

Section 19. Delegates and alternates to the American Medical Association shall be nominated and elected in the same manner and at the same time as that provided for the elective officers. Their terms shall begin on January 1 of the year following their election and they shall serve for a term of three years or until their successors are elected.

Section 20. There shall be an Editorial Board composed of the Editor and Business Manager of the MARYLAND STATE MEDICAL JOURNAL and six members, two of whom shall be appointed by the President each year for a three-year term.

Section 21. Special committees may be appointed by the President from time to time as deemed necessary. The President and President-elect shall be ex-officio members of all committees except the Nominating Committee.

ARTICLE XI—PHYSICIANS' DEFENSE

Section 1. Any qualified member who is the subject of a civil claim or suit for alleged malpractice, desiring to avail himself of the provisions of this Article, shall immediately make written request to the Council for physicians' defense setting forth a complete history of the case, the services rendered and his connection or relationship to the complainant.

Section 2. After consideration of the merits of the case, on a majority vote, the Council may authorize physicians' defense and the matter shall be referred to an attorney-at-law retained by the Council for a term of one year. The Council may also provide medical experts to testify or advise in the matter.

Section 3. The Faculty shall assume payment of counsel fees for professional services rendered and the attorney's travel expenses, but all other charges or costs, including those for stenographic services, preparation and printing of record on appeal, expenses of the defendant or witnesses or damages or plaintiff's costs awarded by the court shall be borne by the defendant.

ARTICLE XII—GRIEVANCES

Section 1. Grievances (1) affecting the practice of medicine in the entire State or more than one County thereof; (2) against he Faculty by a member or component society or (3) against a member by a member, a paient or other person, the appropriate component society having declined to hear the grievance, shall be filed in writing with the Mediation Committee.

Section 2. The Committee may make such investigation and hold such hearings as it deems desirable in the matter, provided that any evidence discovered by the Committee shall be made known to all parties who shall be afforded a reasonable opportunity to answer the same at a hearing. All parties including the committee may be represented by counsel. Hearings shall be informally conducted and subject to such rules as the Committee may establish.

Section 3. The Committee's findings and recommendations in the form of resolutions shall be filed with the Council for consideration and action, provided that the Committee may, of its own motion, refer the matter to the Board of Medical Examiners. Any party aggrieved by the action of the Council may, within 30 days of such action, file an appeal in writing with the Council which shall hear the appeal on the record allowing only such additional evidence as is newly discovered.

Section 4. Appeals filed in writing within 30 days may be taken from any final action by a component society in cases of grievances and shall be heard de novo by the Mediation Committee, with the right of further appeal to the Council.

ARTICLE XIII—PARLIAMENTARY AUTHORITY

The rules contained in Robert's RULES OF ORDER REVISED shall govern the Faculty in all cases to which they are applicable and in which they are not inconsistent with these bylaws.

ARTICLE XIV—AMENDMENTS

Any amendment to these bylaws approved by the Bylaws Committee and sent to all delegates with the call to the session, may be adopted by the House of Delegates by a two-thirds vote.

AMENDMENTS

MR. PRESIDENT AND MEMBERS OF THE HOUSE OF DELEGATES:

The following amendments to the proposed Bylaws, which were mailed on February 9, 1961, are offered by the Committee on Constitution and By-laws:

ARTICLE I—COMPONENT SOCIETIES

Section 4. (page 1) — Amend Article I, Section 4, by striking out "Shall" and inserting, "provided that they MAY admit to membership, etc."

ARTICLE II—MEMBERSHIP

Section 1. (page 2) — To amend Article II by striking out Section 1.
Renumber Sections as necessary.

Section 2. (page 2) — Amend Article II, Section 2, by inserting on the fifth line after words "hold office" the words, "IN THE FACULTY;"

Section 3. (page 3) — Amend Article II, Section 3, by inserting on the 9th line the words, "INCLUDING DOCTORS OF MEDICINE ON THE RESIDENT STAFF OF A HOSPITAL OR HOLDING A FELLOWSHIP AND NOT IN PRIVATE PRACTICE" after the words "of medicine."

Section 7. (page 4) — Amend Article II, Section 7, by inserting on the last line of this section the words, "IN WHICH CASE THEY SHALL HAVE THE RIGHTS OF AN ACTIVE OR FIFTY YEAR MEMBER."

ARTICLE III—FINANCE

Section 1 (a). (page 4) — To amend Article III, Section 1 (a) by striking out "for each year in private practice" and inserting "ANNUALLY" . . .

Section 4. (page 5) — Amend Article III, Section 4, by striking out the words in the first sentence, "and all of its members,"

ARTICLE IV—OFFICERS

Section 1. (page 6) — To amend Article IV, Section 1 by inserting the "A" before the word "Treasurer."

Section 3. (page 6) — To amend Article IV, Section 3 by striking out "Councilors in the numbers provided shall be elected" and inserting "ONE-THIRD OF THE COUNCILORS PROVIDED BELOW SHALL BE ELECTED ANNUALLY" . . .

Section 6. (page 7) — Amend Article IV, Section 6, by striking out the word "consecutive" and inserting the word, "ELECTED."

ARTICLE V—GENERAL MEETINGS

Section 3. (page 8) — Amend Article V, Section 3, by striking out the words "in advance."

ARTICLE VI—HOUSE OF DELEGATES

Section 1 (c). (page 9) — Amend Article VI, Section 1 (c) by striking out the words "in the same manner as, and in accordance with, the provisions of Article V, Section 4 (3)." and inserting "within 60 days by submitting the question to the entire active membership for decision by mailed, secret ballot. A majority of the votes cast shall decide the question."

ARTICLE VII—COUNCIL

Section 1. (pages 10 and 11) — Amend Article VII, Section 1 by adding "THE CHAIRMEN OF THE POLICY AND PLANNING COMMITTEE AND THE LEGISLATIVE COMMITTEE SHALL BE CONFERENCE MEMBERS OF THE COUNCIL WITH VOICE BUT NO VOTE."

ARTICLE X—COMMITTEES

Section 5. (page 14) — Amend Article X, Section 5 by striking out "composed of the five most recent living Immediate Past-Presidents and The Chairman of the Council" and inserting "COMPOSED OF THE FIVE MOST RECENT LIVING IMMEDIATE PAST PRESIDENTS, THE CHAIRMAN OF THE COUNCIL, AND NOT MORE THAN FIVE ADDITIONAL MEMBERS APPOINTED BY THE PRESIDENT."

Section 5. (page 14) — Amend Article X, Section 5 by striking out the last sentence: "The Senior Past President shall be Chairman." and inserting "THIS COMMITTEE SHALL MEET WITH LABOR UNIONS, PROFESSIONAL ORGANIZATIONS AND OTHERS INTERESTED IN PROMOTING THE QUALITY OF MEDICAL CARE FOR DISCUSSION AND CONSIDERATION OF QUESTIONS OF MUTUAL INTEREST IN THIS AREA. THE CHAIRMAN SHALL BE APPOINTED BY THE PRESIDENT.

Section 9. (page 15) — Amend Article X, Section 9 by striking out "The President shall appoint a Legislative Committee of five members which" and inserting "A LEGISLATIVE COMMITTEE COMPOSED OF THE PRESIDENTS OF ALL COMPONENT SOCIETIES TOGETHER WITH AT LEAST FIVE MEMBERS APPOINTED BY THE PRESIDENT . . . . ."
Amend Article X, Section 9 by striking out the last sentence: "It shall elect its own Chairman." and inserting "THE PRESIDENT SHALL DESIGNATE THE CHAIRMAN."

Section 10. (page 15) — Amend Article X, Section 10 by striking out "three active and two associate members" and inserting "AT LEAST THREE ACTIVE AND AT LEAST TWO ASSOCIATE MEMBERS . . ."
Amend Article X, Section 10 by striking out "It shall elect its own Chairman" and inserting "THE PRESIDENT SHALL DESIGNATE THE CHAIRMAN."

Section 19. (page 17) — Amend Article X by inserting after Section 18 the following new Section: SECTION 19. "A FEE SCHEDULE COMMITTEE COMPOSED OF A REPRESENTATIVE OF EACH ORGANIZED PROFESSIONAL SPECIALTY GROUP AND A REPRESENTATIVE OF THE GENERAL PRACTITIONER'S GROUP SHALL CONSIDER AND ADVISE THE FACULTY ON ALL QUESTIONS RELATING TO FEE SCHEDULES. ITS CHAIRMAN SHALL BE APPOINTED BY THE PRESIDENT AND SAID CHAIRMAN SHALL APPOINT THE OTHER MEMBERS OF THE COMMITTEE WITH THE APPROVAL OF THE PRESIDENT."
RENUMBER SECTIONS AS NECESSARY.

Section 21. (page 17) When renumbered this will be Section 22. — Amend Article 10, Section 21 by striking out the word "and" and inserting after the word "President-Elect" the words "AND SECRETARY . . . . ."

Amend Article X, Sections 11, 12, 13, 14, 15, 16, 17 and 18 (Pages 15, 16, 17). Amend the last sentence in each of these sections to read as follows and strike out the sentence as it now stands:
"Its Chairman shall be appointed by the President and SAID CHAIRMAN SHALL appoint the other members of the Committee with the approval of the President."

The Chairman of the Bylaws Committee should move the adoption of these various amendments to these sections following the consideration of the entire group of sections, rather than moving amendment of each section.

Article III, Sections 1-5 were approved as amended.
An amendment from the floor was offered for Article III, Section 6, deleting the words, "upon the recommendation of the Council," from the first line. This was adopted.
Article III, Sections 7-11 were approved as presented.
Article IV, Sections 1-9 were approved as amended.
Article V, Sections 1-5, were approved as amended.
Article VI, Sections 1 and 2 were approved as amended.
Article VI, Section 3, was amended from the floor as follows, by deleting in section (c) the following "having 50 or less active members," and the word "additional." This was adopted.
Article VI, Sections 5 and 6 were adopted as presented.
Article VII, Sections 1-6 were adopted as amended.
Article VIII, Sections 1-3 were adopted as amended.
Article IX, Sections 1 and 2 were adopted as presented.
Article X, Sections 1-3 were adopted as amended.
Article X, Section 4, was referred back to the Committee.
Article X, Section 5, was adopted as presented.
Article X, Section 6, was referred back to the Committee for further consideration.
Article X, Sections 7-18 were adopted as amended.
Article X, Section 19, was referred back to the Committee for further consideration.

Because of the lateness of the hour and the Bylaw requirement that the Nominating Committee report be presented at the first meeting of the House of Delegates, the President declared the report of the Nominating Committee to be in order at this time.

NOMINATING COMMITTEE REPORT

The Chairman, Dr. Leslie E. Daugherty, presented the following report:

(Those elected will assume office at conclusion of Annual Meeting 1962.)

President: Howard F. Kinnamon, Easton.

(Will assume office at conclusion of Annual Meeting 1961.)

President-Elect: Charles F. O'Donnell, Towson.

Vice-Presidents: John G. Ball, Bethesda; Wetherbee Fort, Baltimore; C. Rodney Layton, Centreville.

Secretary: William Carl Ebeling, Baltimore.

Treasurer: Howard B. Mays, Baltimore.

Councilors: Amos R. Koontz, Baltimore, Central District (1965); William A. Pillsbury, Timonium, Central District (1965); J. Emmett Queen, Baltimore, Central District (1965); Thurston Harrison, Easton, Eastern District (1965); Arthur O. Wooddy, La Plata, Southern District (1965).

Delegate to American Medical Association: J. Sheldon Eastland, Baltimore (Jan. 1962-Dec. 1964).

Alternate Delegate to American Medical Association: William B. Hagan, Mt. Rainier (Jan. 1962-Dec. 1964).

Committee on Scientific Work and Arrangements: J. Morris Reese, Lutherville (1966).

Library Committee: A. Austin Pearre, Frederick (1967).

Finney Fund Committee: Richard G. Coblentz, Baltimore (1967).

Board of Medical Examiners: Vernon H. Norwood, Baltimore (June 1961-June 1965); C. Stanford Hamilton, Pocomoke City (June 1961-June 1965).

The President requested nominations from the floor. There being none, the President then declared that the Nominations were closed and that voting on the slate would take place on Friday, April 28, 1961, as the first order of business at the House of Delegates meeting.

BYLAWS COMMITTEE REPORT (Continued)

Further discussion then took place with respect to the proposed Bylaws, but no definitive action was taken, in view of the items referred back to the Committee for consideration.

The President then made several announcements, and the meeting adjourned at 12:10 p.m.

Respectfully submitted,

WILLIAM CARL EBELING, M.D., *Secretary*

MINUTES OF THE 237th MEETING
Friday April 28, 1961

KEY TO MINUTES

Bold type for recommendations and resolutions that are adopted. CAPS AND SMALL CAPS for recommendations that are *not* adopted. *Italics* for motions which are adopted.

The 237th meeting of the House of Delegates of the Medical and Chirurgical Faculty of Maryland was called to order at 2:10 p.m. by the President, Whitmer B. Firor, M.D., there being a quorum present.

The following delegates (or alternates) were registered as being in attendance:

John Ashworth, M.D., Baltimore City; John G. Ball, M.D., Montgomery County; Donald F. Bartley, M.D., Talbot County; Leon W. Berube, M.D., St. Mary's County; Robert A. Bier, M.D., Montgomery County; Thomas S. Bowyer, M.D., Baltimore City; M. McKendree Boyer, M.D., Council; Leo Brady, M.D., Council; Henry A. Briele, M.D., Wicomico County; Carlton Brinsfield, M.D., Allegany-Garrett County; Frank E. Brumback, M.D., Washington County; Howard M. Bubert, M.D., Council; Robert vL. Campbell, M.D., Council; D. Delmas Caples, M.D., Baltimore County; John N. Classen, M.D., Baltimore City; Archie R. Cohen, M.D., Washington County; E. I. Cornbrooks, M.D., Baltimore City; Merrill M. Cross, M.D., Montgomery County; Frank S. Damazo, M.D., Frederick County; Worth B. Daniels, M.D., Baltimore City; William A. Darby, M.D., Baltimore City; Leslie Daugherty, M.D., Allegany-Garrett County; Melvin Davis, M.D., Baltimore City; John DeHoff, M.D., Baltimore City; Everett S. Diggs, M.D., Council; E. W. Ditto, Jr., M.D., Coun-

cil; J. Sheldon Eastland, M.D., Council; Wm. C. Ebeling, M.D., Council; W. L. Etienne, M.D., Prince George's County; Robert W. Farr, M.D., Council; Whitmer B. Firor, M.D., Council; Russell S. Fisher, M.D., Council; Wetherbee Fort, M.D., Council; Albert E. Goldstein, M.D., Council; Albert Gubnitsky, M.D., Baltimore City; H. Gundersheimer, M.D., Baltimore City; J. Roy Guyther, M.D., Council; William Hagan, M.D., Prince George's County; Thurston Harrison, M.D., Talbot County; Frederick J. Hatem, M.D., Harford County; John F. Hawkins, M.D., Anne Arundel County; Fred. Heldrich, M.D., Frederick County; Wm. Helfrich, M.D., Baltimore City; Frederick Holden, M.D., Baltimore County; Klaus Huebner, M.D., Cecil County; Frederick Johnson, M.D., Charles County; William Joyce, M.D., Montgomery County; Fayne A. Kayser, Council; Lauriston Keown, M.D., Baltimore City; Howard F. Kinnamon, M.D., Council; Louis Kolodner, M.D., Baltimore City; Amos R. Koontz, M.D., Council; Louis Krause, M.D., Council; Robert La Mar, M.D., Worcester County; C. Rodney Layton, M.D., Queen Anne's County; J. Elliot Levi, M.D., Baltimore City; F. Ford Loker, M.D., Baltimore City; John H. Long, M.D., Baltimore City; W. K. Mansfield, M.D., Baltimore City; H. F. Manuzak, M.D., Anne Arundel County; Howard B. Mays, M.D., Council; Edmond J. McDonnell, M.D., Council; Karl F. Mech, M.D., Council; Waldo B. Moyers, M.D., Council; S. Edwin Muller, M.D., Baltimore City; W. S. Murphy, M.D., Montgomery County; Charles F. O'Donnell, M.D., Council; Wm. A. Pillsbury, M.D., Council; Harold B. Plummer, M.D., Caroline County; C. G. Rawley, M.D., Somerset County; Martin A. Robbins, M.D., Baltimore City; R. C. V. Robinson, M.D., Baltimore City; Austin Rohrbaugh, M.D., Montgomery County; E. Schimunek, M.D., Baltimore City; John M. Scott, M.D., Baltimore City; Theodore R. Shrop, M.D., Howard County; A. G. Siwinski, M.D., Baltimore City; Aaron Sollod, M.D., Baltimore City; D. M. Stone, M.D., Baltimore City; R. C. Tilghman, M.D., Council; Hugh W. Ward, M.D., Calvert County; J. A. Weinberg, M.D., Baltimore City; Hans Wodak, M.D., Prince George's County; E. H. Wolff, M.D., Dorchester County; Arthur O. Wooddy, M.D., Council; George H. Yeager, M.D., Council.

The following alternate delegates were also registered as being in attendance at this meeting:

E. L. Suarez-Murias, M.D., Baltimore City; S. Edwin Muller, M.D., Baltimore City.

Present also for the meeting were the following staff personnel: Mr. John Sargeant and Mrs. Anna Wynde Leake.

ANNOUNCEMENTS

Dr. Firor announced that the Sheraton-Belvedere Hotel had extended the checkout time to 6:00 p.m. and also welcomed the delegates to the first meeting in the newly renovated Osler Hall of the Faculty building.

ELECTION OF OFFICERS

Dr. Firor stated that under the Bylaws the election must take place as the first order of business at the Friday afternoon session. Dr. Firor designated two staff members to serve as tellers, collect the ballots, and count them. He stated that the results of the election would be announced as soon as available.

CONSTITUTION AND BYLAWS COMMITTEE REPORT (Continued)

Dr. Pillsbury then presented the amendments as outlined on the attached sheet which hereby becomes a part of these minutes.

MR. PRESIDENT AND MEMBERS OF THE HOUSE OF DELEGATES:

At the meeting on April 26, 1961, this body referred for restudy the following sections and the Committee on Constitution and Bylaws therefore presents the following recommendations:

ARTICLE II. MEMBERSHIP

Section 2. (2) Page 3, first line.	**Amend by inserting after "professor;" EXCEPT THOSE IN SUBSECTIONS 1 and 2 WHO HAVE BEEN GRADUATED FROM A MEDICAL SCHOOL FOR FIVE YEARS OR MORE WHO MAY ELECT TO BECOME ACTIVE MEMBERS UPON PAYMENT OF DUES AND ASSESSMENTS FOR ACTIVE MEMBERS.**

ARTICLE X. COMMITTEES

Section 4 (Page 14) (Nominating Committee)	**Amend Article X, Section 4 (line 3) by inserting after "at large." "EACH COMPONENT SOCIETY SHALL ELECT ONE NOMINEE FOR THE COMMITTEE AND THE PRESIDENT SHALL SELECT FROM THE NOMINEES A MEMBER FROM EACH DISTRICT. HE SHALL ALSO SELECT A MEMBER AT LARGE."**
Section 6 (Page 14) (Reference Committee)	**Amend Article X, Section 6 (line 3) by striking out "except those emanating from the Council or Committee" and inserting after the word "motions" "AND COMMITTEE REPORTS WHICH INVOLVE QUESTIONS OF FACULTY POLICY" shall be referred at least eight weeks prior to any regular and at least one week prior to any special meeting of the House of Delegates, EXCEPT THAT THE COUNCIL OR COMMITTEE MAY BY A TWO THIRDS VOTE OF THE HOUSE OF DELEGATES REFER ANY MATTER INVOLVING FACULTY POLICY TO THE HOUSE OF DELEGATES.** **Amend Article X, Section 6 (line 6) by striking out "resolutions" and inserting MAIN MOTION and it will then read: All such MAIN MOTIONS shall be reported to the House of Delegates with the Committee's recommendations for adoption, rejection and/or amendment provided that with the sponsor's approval the Committee may revise any such (resolution) MAIN MOTION. . . .**
Section 19. Amended amendment to read as follows:	**A Fee Schedule Committee composed of AN OFFICIAL representative of each organized professional specialty group and AN OFFICIAL representative of the General Practitioner's group shall consider and advise the Faculty on all questions relating to fee schedules. Its Chairman shall be appointed by the President and said Chairman shall appoint the other members of the Committee with the approval of the President.**

Considerable discussion took place with respect to Article II, Section 2, (2). On vote the amendment as proposed was *lost*.

Action: On motion duly made, seconded, and carried, it was voted to adopt Article II, Section 2, as presented on Wednesday.

Action: On motion duly made, seconded, and carried, it was voted to maintain the status quo with regard to the four members from the City of Baltimore.

Article X, Section 4, Nominating Committee.

Action: On motion duly made, seconded, and carried, it was voted to adopt this section as amended.

Article X, Section 6, Reference Committee.

Action: On motions duly made, seconded, and carried, it was voted to adopt this section, as amended.

Article X, Section 19, Fee Schedule Committee.

Action: On motions duly made, seconded, and carried, it was voted to adopt this section, as amended.

Dr Pillsbury then re-read the motion that had been offered to the House at the Wednesday meeting, as follows:

***WHEREAS,* This Faculty is now governed by three documents which comprise its basic rules: The Act of Incorporation, the Constitution and Bylaws; and**

***WHEREAS,* In the course of years discrepancies and disagreements between these documents are apt to appear due to piecemeal amendment making their interpretation difficult and uncertain and rendering some clauses meaningless or void; and**

***WHEREAS,* The Act of Incorporation serves as a constitution, and the Faculty's parliamentary authority, *Robert's Rules of Order Revised,* advises the need only for Bylaws containing the basic rules of the organization; and**

***WHEREAS,* It is felt that the basic rules contained in the present Constitution and Bylaws should be better organized in accordance with the parliamentary authority and other books by the same author; the present discrepancies between these documents eliminated, certain ambiguous clauses clarified, practices presently employed expressly included, and a complete reorganization of the Faculty's committees legalized, now, therefore, be it**

***RESOLVED,* That the present Constitution and Bylaws be, and they hereby are, amended by substituting for them the Bylaws which you have just considered.**

Dr. Rohrbaugh then offered the following amendment to this resolution:

"Provided the Policy and Planning Committee be instructed to consider and submit to the Bylaws Committee proposed amendments to Article II, Section 2 and the new Section XIX, Article X."

Action: The above amendment, being duly seconded, was carried unanimously.

Action: The resolution as presented and amended, on being put to a vote, was unanimously carried.

ELECTION RESULTS

The President then announced to the House that the Nominating Committee's slate was unanimously elected.

ELECTION OF NEW COUNCILOR

The President then stated that the election of Charles F. O'Donnell, M.D., as President-Elect created a vacancy in the Council, as Dr. O'Donnell was scheduled to commence a three year term to which he had been elected in 1960 following the conclusion of the Annual Meeting.

He then declared that motions were in order from the floor for this vacancy.

On nomination the names of the following were made: J. Emmett Queen, M.D., Baltimore City; William S. Grose, M.D., Baltimore City; Philip Heuman, M.D., Harford County.

Considerable discussion took place as to the length of the term of this Councilor and when he would assume office. The assumption of office was declared as immediately on election. It was then ruled that the term of office would be for one year, inasmuch as the Nominating Committee would have to present a name at the 1962 Annual Meeting for the remainder of this three year term.

Other discussion resulted in the withdrawal of the name of Dr. Queen from the nominations.

It was then ruled that the nominee must be from Baltimore County in view of the Bylaws passed at this session of the House of Delegates.

The name of William Pillsbury, M.D., Baltimore County, was introduced in nomination. This was withdrawn because of his election to the Council starting in 1962 and his office on the Council by virtue of chairmanship of the Bylaws Committee.

The name of Melvin Davis, M.D., Baltimore County, was then introduced for consideration of the House.

Action: On vote, there being no further nominations, Dr. Davis was elected.

COMMITTEE REPORTS

The President then declared the Committee reports, items 4 through 45 on the agenda, adopted as published.

COUNCIL REPORT

Dr. O'Donnell then presented the following names recommended by the Council to be granted Emeritus Membership:

Henry T. Collenberg, M.D.,	**Baltimore City**
George W. DeHoff, M.D.,	**Baltimore City**
Firmadge King Nichols, M.D.,	**Baltimore City**
Harry L. Rogers, M.D.,	**Baltimore City**
Olive C. Smith, M.D.,	**Baltimore City**
George L. Stickney, M.D.,	**Baltimore City**
Kenneth B. Jones, M.D.,	**Dorchester County**
Robert B. Miller, M.D.,	**Dorchester County**
George B. West, Sr., M.D.,	**Dorchester County**

Action: On motion duly made, seconded, and carried, it was voted that these members be granted Emeritus Membership.

LIAISON COMMITTEE ON ACCREDITATION OF HOSPITALS REPORT

(See Page 554)

Action: On motion duly made, seconded, and carried, the following resolution of this Committee was adopted:

***WHEREAS,* the membership of these committees is changing from time to time, and**

***WHEREAS,* it has been noted recently that there has been a breakdown in communication to a marked degree,**

NOW, THEREFORE BE IT RESOLVED that

The American Medical Association, as the representative of the practicing physicians of this country, play a far more prominent role in disseminating information and be an authoritative source of information from the residency review committees.

STUDENT AMA REPORT

(See Page 554)

Action: On motion duly made, seconded, and carried, the following recommendation of the Representative to the Student AMA was adopted:

I, therefore, recommend wholeheartedly that the Medical and Chirurgical Faculty continue to encourage this work and to lend financial support to the students in their work in this organization.

REPRESENTATIVES TO THE MARYLAND JOINT COUNCIL TO IMPROVE HEALTH CARE OF THE AGED

(See Page 555)

C. Rodney Layton, M.D., presented the following recommendation listed in the report of this group:

This council has proved itself as an excellent means for cooperation between the groups representing provision of health services for those over age 65, and continued cooperation by the Medical and Chirurgical Faculty of Maryland is recommended.

Action: On motion duly made, seconded, and carried, it was voted that this be adopted.

DIABETES COMMITTEE

(See Page 556)

Action: On motion duly made, seconded, and carried, it was voted that the following recommendation be adopted:

We were especially encouraged by the cooperation from physicians as evidenced by the number of follow-up cards received so soon after mailing; we are gratified by the number of physicians inquiring about the camp for the 1961 season. We suggest that this work be continued each year.

MATERNAL AND CHILD WELFARE COMMITTEE

(See Page 559)

Action: On motion duly made, seconded, and carried, the following committee recommendations were adopted:

During 1960, the Pediatric Section of the Maternal and Child Welfare Committee focused its attention upon the rising infant mortality rate in Maryland and as a result the following recommendations were developed:

(1) A letter will be written to each hospital in the state requesting information regarding the existence and activity of a formal committee for reviewing infant mortality.

(2) The letter will be accompanied by a copy of the American Academy of Pediatric's *Standards and Recommendations for Hospital Care of Newborn Infants, Full Term and Premature* (1957 revision) with special reference to the appendix, page 119, tables for fetal and neonatal mortality. These tables are to be used for the individual hospital's self-evaluation.

(3) Mimeographed forms of the tables will be furnished to be returned to the Pediatric Committee for review.

(4) The above material should be mailed directly to the administrator of each hospital in the state under the joint sanction of the Maryland State Chapter, American Academy of Pediatrics and the Pediatric Section of the Committee of the Medical and Chirurgical Faculty of Maryland.

TUBERCULOSIS COMMITTEE

(See Page 563)

Action: On motion duly made, seconded, and carried, the following recommendations were adopted, with the understanding that this Committee function would be as a Sub-committee of the Committee on Post-Graduate Education, Preventive Medicine and Public Health.

(1) The Tuberculosis Committee suggests that the title and, therefore, scope of this committee be enlarged to read, "The Committee on Tuberculosis and Chronic Respiratory Disease."

(2) Chronic pulmonary insufficiency (chronic bronchitis and emphysema) has a morbidity rate which makes it an important source of economic and physical insufficiency. In recognition of this and in anticipation of the growing need for consideration of such problems as the use of hospital beds presently allotted for tuberculosis, of the suggested importance of the air pollution of our industrialized and mechanized cities, of the need for proper recording of this diagnosis on death certificates, etc., the committee suggests that there be continued activity of a subcommittee through 1961-62.

(3) The purpose of this subcommittee would be to prepare a report for the April, 1962, Faculty meeting so that the Faculty would have available to it all of the information pertinent to the magnitude of this problem and the present facilities available, in the hope that the Faculty would become the most informed source about an anticipated major health problem. In this way the Faculty will be prepared to give authoritative counsel to local and federal agencies who may evince an interest in this area.

(4) The committee respectfully suggests that Edmund G. Beacham, M.D., Richard F. Kieffer, M.D., William S. Spicer, Jr., M.D., be continued as members of the succeeding Tuberculosis Committee so that they may accomplish these purposes as an interested subcommittee.

COMMITTEE ON VETERANS MEDICAL CARE

(See Page 564)

Dr. Koontz, Committee chairman, spoke to the resolution in this Committee report urging its adoption.

Action: On motion duly made, seconded, and carried, the resolution was adopted for presentation to the AMA House of Delegates.

In view of the facts in the report and in view of your Chairman's having had two conferences in Washington with Senator Butler, one with Senator Byrd, and one each with Congressman Teague, Congressman Dora, and Congressman Tuck, the Committee recommends passage of the following resolution:

***WHEREAS,* Washington conferences have shown that a congressional "hearing" before a congressional committee is easy to get and generally avails nothing, and**

***WHEREAS,* it is believed that only a congressional full scale "investigation" will obtain any results,**

***THEREFORE BE IT RESOLVED,* that the AMA House of Delegates be requested to change the words, "congressional hearing" to "congressional investigation" in the resolution (No. 24) passed by the AMA House of Delegates at the December, 1959, meeting in Dallas, Texas.**

SPECIAL COMMITTEE ON BLUE CROSS/-BLUE SHIELD LEGISLATIVE STUDY

(See Page 564)

Action: On motion duly made, seconded, and carried, the following Committee recommendation was adopted:

In view of the recent negotiations with the Blue Cross and Hospital Council by the Executive Committee of the Council of the Medical and Chirurgical Faculty, I believe that the continuance of this Special Committee on Blue Cross/Blue Shield Legislative Study is no longer necessary, and I would suggest, therefore, that the committee be discharged.

COMBINED COMMITTEE REPORT

(See Page 565)

Action: On motion duly made, seconded, and carried, the following recommendations of the Combined Committee report were adopted:

(1) The rejection by the Council of the report of the Committee on Hospital Use of Blue Shield Restricted Funds, because it only compounds a violation of principle.

(2) The practice of Blue Shield paying funds to other than participating physicians or subscribers of non-participating physicians be discontinued.

(3) That the Council and the House of Delegates take any and all steps necessary to effect this change immediately.

The committee further recommends that the changes necessary may be carried out by a variety of methods consistent with the good principles of medical practice:

(a) In salaried positions, contract situations are feasible.

(b) In full-time practice, participating physicians could participate as individuals.

(c) Hospital staffs may select and provide lists of practitioners who can afford the time and will consent to serve these limited income patients as their private physicians. Younger physicians, particularly those who are just entering private practice, would be especially eligible for these lists, thus encouraging the continuing participation of these younger physicians in postgraduate training.

COMMITTEE TO INVESTIGATE GROUP INSURANCE ON A STATE-WIDE BASIS AND PROFESSIONAL LIABILITY ADVISORY COMMITTEE

(See Page 566)

Action: On motion duly made, seconded, and carried, the following Committee recommendation was adopted.

We feel that our work has been completed and that the committee should be dissolved.

REPORT OF REPRESENTATIVES PHYSICIAN/HOSPITAL/BLUE CROSS CONFERENCE COMMITTEE

This printed report was presented and discussed briefly. There being no specific recommendations or resolutions emanating from the report, no action was required by the House.

RESOLUTIONS COMMITTEE REPORT

Everett S. Diggs, M.D., Chairman of the Resolutions Committee, then presented the following:

Submitted by: Frank K. Morris, M.D.

In re: LEGALITY OF PAYMENT OF PROFESSIONAL FEES TO HOSPITAL EDUCATIONAL FUNDS BY BLUE SHIELD

***WHEREAS,* there would appear to be considerable question in law as to the legality of payment of professional fees to Hospital Educational Funds by Blue Shield, and**

***WHEREAS,* this House of Delegates went on record in 1953 approving that such payments could be made by Blue Shield, and**

***WHEREAS,* it is apparent that this House of Delegates did not realize that such payments might be illegal, and**

***WHEREAS,* had it known that such might be an illegal act, it would in all likelihood not have authorized such payments,**

***BE IT THEREFORE RESOLVED,* that this House of Delegates hereby withdraws its actions taken in 1952, and again in 1953, and**

BE IT FURTHER RESOLVED, that all licensed physicians on medical staffs of hospitals adhere to the professional Code of Ethics, become acquainted with this Professional Code if they are not familiar with it, and ensure that all hospital administrators, Boards of Trustees and Governors and others involved become familiar with it, and

BE IT FURTHER RESOLVED, that this House of Delegates go on record as requesting Blue Shield to

make payments to licensed physicians only; to make payments to the Chief of Service for service cases and that such Chief of Service be authorized to supervise the expenditures of these funds for his department.

Substitute for last two paragraphs:

***BE IT FURTHER RESOLVED,* THAT THIS HOUSE OF DELEGATES GO ON RECORD AS REQUESTING BLUE SHIELD TO MAKE PAYMENTS ONLY TO LICENSED PRACTICING (NON HOUSE OFFICER) PHYSICIANS WHO ACTUALLY RENDERED THE PROFESSIONAL SERVICE, WITH THE EXCEPTION HOWEVER IF THE SERVICE IS RENDERED BY A NON-PARTICIPATING LICENSED, NON-HOUSE OFFICER, PHYSICIAN, PAYMENT MAY BE MADE TO THE SUBSCRIBER.**

From the information available to the members of the Resolutions Committee it would seem that the legality of payment of professional fees to other than a participating physician is questionable under the present Articles of Incorporation of the Blue Shield.

There is further evidence which suggests that funds paid into "Hospital Educational Funds" are used for purposes other than direct furthering of the education of members of the House Staff.

The resolution as reworded now would correct these deficiencies and rescind an action taken by the House of Delegates in 1953, and would ensure the payment of Blue Shield insurance fees to participating physicians or, in some instances, directly to patients in conformity with the policy and procedure as suggested by the American Medical Association.

Action: On motions duly made, seconded, and carried, the resolution was adopted in its amended form above.

Submitted by: Harry F. Klinefelter, Jr., M.D.

In re: PHYSICIAN IDENTIFICATION TAGS

One minor change in wording was proposed by the sponsor of this Resolution to the Resolutions Committee —in that the change in the last paragraph, line two, "or" should read AND, and you will find it indicated in the resolution which follows.

WHEREAS, PUBLIC RELATIONS OF THE MEDICAL PROFESSION IS AT A LOW EBB AND NEEDS TO BE IMPROVED, AND

WHEREAS, THE PHYSICIANS' BLUE CROSS OR OTHER SIMILAR IDENTIFICATION TAGS ARE NOT REQUIRED AND SINCE THERE IS NO GOOD REASON WHY PHYSICIANS SHOULD BE IDENTIFIED WHEN OTHER PROFESSIONS ARE NOT, AND

WHEREAS, WEARING SUCH BLUE CROSS DOES NOT BESTOW ANY PARTICULAR ADVANTAGES BUT MANY POTENTIAL DISADVANTAGES, BOTH TO THE PHYSICIAN AND TO THE MEDICAL PROFESSION; SUCH AS: FIRST, MAKING THE PHYSICIAN'S CAR MORE LIABLE TO BURGLARY BECAUSE OF THE KNOWLEDGE OF THE BURGLAR THAT DRUGS AND VALUABLES ARE PROBABLY INSIDE THE CAR, SECOND, RESENTMENT CREATED BY THE PUBLIC OBSERVING THE BLUE CROSS ON AN EXPENSIVE CAR OR OBSERVING THE BLUE CROSS ON ANY CAR IF THE DRIVER IS GUILTY OF A BREACH IN MOTORING ETIQUETTE, THIRD, THE INCREASING TENDENCY OF STATE POLICEMEN TO ARREST PHYSICIANS WHOSE CARS ARE SO MARKED WHEN THEY ARE DRIVING OUTSIDE OF THE STATE, FOURTH, THE INCREASED LIKELIHOOD OF BECOMING INVOLVED LEGALLY, UNLESS ONE IS VERY WARY, WHEN THE PHYSICIAN'S CAR IS STOPPED TO RENDER FIRST AID AT THE SCENE OF AN ACCIDENT.

BE IT RESOLVED, THAT THE PHYSICIANS OF MARYLAND BE URGED TO REMOVE BLUE CROSS OR SIMILAR IDENTIFICATION TAGS FROM THEIR AUTOMOBILES (OR) AND KEEP SUCH IDENTIFICATION TAGS IN THE GLOVE COMPARTMENTS OF THEIR CARS TO BE USED WHEN NECESSARY. IT IS SUGGESTED THAT THESE TAGS BE PLACED IN THE WINDSHIELD OR BE CLAMPED ON THE SUN VISORS WHICH CAN BE DEFLECTED DOWNWARD WHEN IDENTIFICATION IS NECESSARY.

The Resolutions Committee agrees that all of the disadvantages listed in the Resolution are existent and are of importance to the physician in his relationship to various groups including the general public.

The Committee, however, feels that the decision as to whether or not the Blue Cross identification tag should be displayed is a matter of choice for individual decision and should not be a policy advised or dictated by the Medical and Chirurgical Faculty.

Action: On motion duly made, seconded, and carried, the Resolution was defeated.

Submitted by: Prince George's County Medical Society

In re: INCLUSION OF MARYLAND PHYSICIANS UNDER THE SOCIAL SECURITY PROGRAM

During the discussion regarding this Resolution, it was pointed out that the preamble of the Resolution was not clear nor accurate in its reference to previous polls of the Society.

Representatives from Prince George's County Medical Society reworded the Resolution as follows:

(Whereas, the question of whether Maryland physicians should be included under the coverage of the Social Security Program of the Federal Government, is still a matter of deep concern to the Medical and Chirurgical Faculty of Maryland, and)

WHEREAS, THE ENTIRE MEMBERSHIP OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND HAS APPROVED OF VOLUNTARY COVERAGE UNDER SOCIAL SECURITY, AND

WHEREAS, THE ENTIRE MEMBERSHIP OF (THIS) THE PRINCE GEORGE'S COUNTY MEDICAL SOCIETY HAS BEEN POLLED ON THIS QUESTION ON TWO OCCASIONS PRIOR TO THE DATE HEREOF, AND

WHEREAS, THE MOST RECENT OF (SAID) PRINCE GEORGE'S COUNTY MEDICAL SOCIETY POLLS INVOLVED 111 REPLIES, OF WHICH 73 MEMBERS FAVORED INCLUSION, 32 OPPOSED INCLUSION, AND 6 WERE UNDECIDED, AND

WHEREAS, THERE IS NOW PRECEDENCE ESTABLISHED FOR SOCIAL SECURITY COVERAGE ON A VOLUNTARY BASIS,

BE IT THEREFORE RESOLVED, THAT THE MEDICAL AND CHIRURGICAL FACULTY USE EVERY EFFORT TO PRESS FOR SOCIAL SECURITY COVERAGE FOR PHYSICIANS ON EITHER A COMPULSORY OR VOLUNTARY BASIS.

DATED THIS 7TH DAY OF FEBRUARY, A.D., 1961.

The members of the Resolutions Committee in the discussion of this Resolution reviewed the poll taken by the Medical and Chirurgical Faculty in 1958, at which time the following results were obtained:

The following card was mailed in the Faculty poll in 1958:

1. Are you in favor of COMPULSORY coverage under the provisions of the Social Security Law?	Yes ☐	No ☐
2. Are you in favor of VOLUNTARY coverage for yourself under the provisions of the Social Security Law if this can be accomplished?	Yes ☐	No ☐
3. If the answer to 1 or 2 is "yes", would you still vote "yes" if this coverage were tied to other changes or extension of benefits under the Social Security Law such as Government paid medical care?	Yes ☐	No ☐
4. Age ..... years.		

Signature optional

The results were as follows (a total of 2,999 cards were mailed):

1,556 replies (983 from Baltimore City and 573 from counties)

Compulsory coverage .	296 yes	543 no	City
	121 yes	368 no	Counties
Voluntary coverage ..	591 yes	369 no	City
	296 yes	234 no	Counties
If answer to #1 and #2 is *yes*, would you still vote *yes* if this coverage were tied to other changes or extensions of benefits under social security, such as Government paid medical care	125 yes	444 no	City
	68 yes	243 no	Counties

It would seem to the members of the Committee that the last time the entire membership was polled, there was definite objection by the majority of the members to compulsory coverage. The present Resolution requests the Faculty "to press for Social Security coverage for physicians on either a *compulsory* or voluntary basis." The members of the Resolutions Committee are themselves unanimously opposed to the principle of Social Security coverage for physicians and do not feel that any change has occurred that should alter previous stated policy.

Action: On motion duly made, seconded, and carried, the Resolution was defeated.

Submitted by: Washington County Medical Society, Inc.

In re: FEE SCHEDULES

WHEREAS, A "DIFFERENTIAL FEE SCHEDULE" IS DEFINED AS A SCHEDULE WHICH ALLOWS THE PAYMENT OF DIFFERENT FEES FOR THE SAME SERVICE RENDERED.

AND WHEREAS, IN A "DIFFERENTIAL FEE SCHEDULE," THE DIFFERENCE IN FEES IS DEPENDENT UPON THE CLASSIFICATION OF SPECIALIST OR NON-SPECIALIST OFTEN TAKING INTO CONSIDERATION PROFICIENCY, MEMBERSHIP IN SPECIALTY GROUPS, LENGTH OF EDUCATION AND EXPERIENCE.

AND WHEREAS, IT IS NOT THE FUNCTION OF A THIRD PARTY OR THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND TO DIFFERENTIATE BETWEEN PHYSICIANS AS TO THE ABOVE.

AND WHEREAS, ANY INDIVIDUAL LICENSED AND COMPETENT TO TREAT A GIVEN CASE SHOULD RECEIVE FEES COMMENSURATE WITH EFFORT EXPENDED AND RESPONSIBILITY ASSUMED.

AND WHEREAS, IT IS NECESSARY FOR THE HOUSE OF DELEGATES TO ESTABLISH A POLICY AS REGARDS THIS MATTER TO GOVERN OUR FUTURE ACTIONS.

NOW THEREFORE BE IT RESOLVED, THAT THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND, WHEN NEGOTIATING FEE SCHEDULES, ESTABLISH SCHEDULES BASED ON THE SERVICE RENDERED AND NOT ON WHO RENDERED THE SERVICE.

AND ALSO BE IT RESOLVED, THAT STATEWIDE FEE SCHEDULES BE ESTABLISHED WITH THIRD PARTIES THROUGH THE PROPER COMMITTEES AND CHANNELS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND, AND NOT BY SPECIAL GROUPS NEGOTIATING SEPARATELY.

AND ALSO BE IT RESOLVED, THAT SUCH FEE SCHEDULES TAKE INTO CONSIDERATION, AS EXPLICITLY AS POSSIBLE, DIFFICULT AND PROLONGED MEDICAL ATTENDANCE; THAT PAYMENT IN SUCH CASES BE EQUALLY ACCESSIBLE TO ALL LICENSED PHYSICIANS RENDERING SUCH SERVICE.

This Resolution, submitted by the Washington County Medical Society, Inc., was discussed at great length by most of those present.

The members of this Committee believe that the Medical and Chirurgical Faculty should not approve of a differential fee schedule as defined in paragraph one of the Resolution. The Committee further believes that this Faculty should favor the schedule of fees based on fees for service rendered rather than on the fact that the same service is rendered by a specialist rather than a non-specialist.

The Resolutions Committee agrees that fee schedules should be formulated through a Committee of the Faculty and believes that this policy is now being followed. The approval of Resolution 4-A might limit the action our Fee Schedule Committee may wish to take and hamper its efforts in attempting to work out schedules which will be to the best interest of all members rather than to any one specific group. Any fee schedule which is developed through this Committee will be presented to the Council for its approval before it may go into effect. As the Council presently comprises, and seems certain to be composed of in the future, a wide representation not only of geographic areas but of various practicing segments of the Society, it seems unlikely that an unsatisfactory fee schedule could be imposed upon this Society.

In summary, it would seem that no one would be hurt if this Resolution were not passed, wheras it is possible that one or more groups might be hurt or limited in their consideration in the future should this be passed and the recommendations become established policy.

Considerable discussion took place on this resolution and the comments in the report of the Resolutions Committee.

Action: On motion duly made and seconded the resolution was DEFEATED by a vote of 33 Aye, 37 Nay.

Dr. Cohen requested a roll call vote on this resolution and made a motion to this effect, which was duly seconded.

Action: On vote, the motion for a roll call vote was DEFEATED.

On being requested for a parliamentary ruling on the necessity of a request for a roll call motion being put to a vote, the parliamentarian ruled that the majority

ruling prevailed on matters such as this and that a vote on the subject was in order.

ANNOUNCEMENTS

Dr. Firor announced the Council meeting immediately following the House adjournment.

RECOGNITION TO WILLIAM A. PILLSBURY, M.D.

A standing vote of appreciation was extended to the Bylaws Committee through Dr. Pillsbury, its chairman, for the "job very well done."

The new President, Howard F. Kinnamon, M.D., was called upon by Dr. Firor for presentation of his gavel, symbol of office, and commented briefly on the honor bestowed upon him.

The incoming President, after accepting this honor, called for a standing vote of thanks to Dr. Firor for, "such a fine job he has done this past year."

There being no further business, Dr. Kinnamon declared the House adjourned at 4:46 p.m.

Respectfully submitted,
WILLIAM CARL EBELING, M.D., *Secretary*

REPORTS
To The House of Delegates

A summary of these reports, which were submitted by the Officers, Chairman of the Council, A.M.A. Delegates, and the Chairman of the Committees, was mailed to every Delegate and the President and Secretary of each Component Society prior to the meeting of the House of Delegates on Wednesday, April 26, 1961.

KEY TO COMMITTEE REPORTS
All recommendations and resolutions in **bold type.**

SECRETARY

Mr. President and Members of the House of Delegates:

The total membership of the Medical and Chirurgical Faculty at this writing (March 17, 1961) is 3,304 members, an increase of 130. Several of the component societies this year availed themselves of the opportunity to have the Faculty Office send out their bills and collect dues. It is hoped that this service has been of assistance to the counties. The complete statistical report will be available and may be seen in the Faculty Office at any time. On behalf of the Medical and Chirurgical Faculty, I wish to congratulate the following Component Medical Societies who have 100% paid-up membership:

Calvert County Medical Society
Caroline County Medical Society
Charles County Medical Society
Harford County Medical Society
Queen Anne's County Medical Society
Somerset County Medical Society
Talbot County Medical Society
Wicomico County Medical Society

There was an increase of 106 members in 1961 who paid their AMA dues as a result of bills being sent to 2139 members, of whom 1608 have paid.

One thousand forty members paid their Blue Cross/Blue Shield insurance as a result of their bills being sent out through the Faculty Office. This is the second year that the members have been able to have a reduced rate through a group billing arrangement by the Faculty.

I urge the members to read the September issue (1961) of the Maryland State Medical Journal so that they may be conversant with the activities from April 1960 to March 1961 of the State Society. In this issue will be found the reports of all Committees, the Council and the Officers as well as the minutes of the House of Delegates.

At this time I wish to thank the Chairmen of the Committees for the tremendous amount of work which they have done during the past year. The Summary of the Reports is mailed to each delegate and president and secretary of the component societies.

Few of our members realize the great amount of activity which is carried on in the Faculty Office through our Executive Secretary, Mr. John Sargeant. In thanking him, not only for myself, but for all the members of this Association, I would feel derelict if I did not mention that Mr. Sargeant "gives more than is required by the call of duty" whether we call on him from 9 a.m. to 5 p.m. in his office, or after 6 p.m. when he is at home, he is always willing and ready to carry-on the work of the Medical and Chirurgical Faculty.

Respectfully submitted,
WILLIAM CARL EBELING, M.D., *Secretary*

Membership 1960	Membership 1961	Members Paid in advance by Jan. 31, 1961 *Entire County Paid	COUNTIES	New Members	Removed	Resigned	Deceased	Suspended	Dropped	U. S. Service	Emeritus	50 Year	Honorary
74	74	63	Allegany-Garrett County Medical Society	3	1	1	1			1	2		
76	96	77	Anne Arundel County Medical Society	14	2		1		1	1	3	1	
1397	1434	1224	Baltimore City Medical Society, Active Members	64	3	2	14	7		1	48	14	1
525	473	378	Baltimore City Medical Society, Associate Members	120	118	16	3	1	34	25			
144	180	139	Baltimore County Medical Association, Active Members	12	1	3				1	6	3	
4	3	2	Baltimore County Medical Association, Associate Members			1							
2	4	4*	Calvert County Medical Society	2									
10	11	11*	Caroline County Medical Society	1									
39	36	33	Carroll County Medical Society	2	3	1	1				1		
25	22	22	Cecil County Medical Society, Active Members				3				1	1	
7	7	6	Cecil County Medical Society, Associate Members										
10	9	9*	Charles County Medical Society				1						
21	22	15	Dorchester County Medical Society	3		1	1						
53	55	49	Frederick County Medical Society, Active Members	4	1		1				6	1	
2	3		Frederick County Medical Society, Asciate Members	1									
42	41	41*	Harford County Medical Society, Active Members		1								
1	1	1*	Harford County Medical Society, Associate Members										
9	11	10	Howard County Medical Society	1	1								
15	15	12	Kent County Medical Society								1		
237	280	199	Montgomery County Medical Society, Active Members	20	2	2	1		2		7		
17	28	18	Montgomery County Medical Society, Associate Members	4						2			
114	124	102	Prince George's County Medical Society, Active Members	11		2	1				2	1	
27	29	25	Prince George's County Medical Society, Associate Members	2									
8	6	6*	Queen Anne's County Medical Society		1		1						
13	15	15	St. Mary's County Medical Society, Active Members	1							1		
1	2	1	St. Mary's County Medical Society, Associate Members	1									
7	7	7*	Somerset County Medical Society				1				1		
32	33	33*	Talbot County Medical Society	1							1	1	
83	85	78	Washington County Medical Society	2		1					3	1	
61	61	61*	Wicomico County Medical Society	2	1		1						
11	11	10	Worcester County Medical Society										
108	108	77	Affiliate Members	11	8		1		23	2			
3175	3287	2728		282	143	30	32	8	60	33	83	23	1

Active Members	2632
Associate Members	546
Affiliate Members	108
Honorary Member	1
TOTAL MEMBERSHIP	3287

GAIN, Active Members	150
LOSS, Associate Members	38
ACTUAL GAIN	112

TREASURER

COMMITTEE ON FINANCE AND BUDGET

Mr. President and Members of the House of Delegates:

The printed auditor's report will be available for distribution at the April, 1961, Annual Meeting, along with copies of the 1961 operating budget which is provided for the information of the members of the House of Delegates.

The 1961 budget was adopted by the Council at its January, 1961, meeting and is now in operation.

The Faculty continues to be in a sound financial position and there is every expectation that it will continue to operate in this manner.

Many additional benefits are now provided to our employees and we can feel proud that we have been able to do this, while maintaining a small surplus in each year's financial operations. A detailed statement will be presented to the House of Delegates at the Annual Meeting in April. This will encompass my entire tenure of office as Treasurer of the Faculty. As you know, this will be my last year in this position.

It has been a distinct pleasure for me to serve you during these past years and I look forward to many years of further association with the members of the Faculty.

The following is the report of the Finance and Budget Committee.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND BUDGET 1961 INCOME

Dues		
Baltimore City Medical Society Members		$ 66,700.00
County Members		57,995.00
Baltimore City Medical Society For Facilities and Secretarial Services		17,500.00
Baltimore City Dental Society Dues 500 members @ $3.00		1,500.00
Rental Income		
Board of Medical Examiners		2,880.00
Board of Nurses Examiners		120.00
Maryland League for Nursing		480.00
Invested Fund Income for General Purposes		
Bowen Fund	$1,102.77	
Bressler Fund	229.08	
Contingent Fund	454.30	
Ellis Fund	534.06	
Osler Endowment	218.99	
Osler Testimonial (½)	515.19	
Hiram Woods Fund	328.19	3,382.58
Invested Fund Income for Library Purposes		
Baker Fund	$ 82.89	
Barker Fund	48.98	
Cowles Fund	98.08	
Finney Fund (½)	537.91	
Frick Fund	1,811.97	
Harlan Fund	93.48	
McCleary Fund (½)	46.55	
Osler Testimonial Fund (½)	515.19	
Ruhrah Fund	5,387.05	
Stokes Fund (½)	212.51	8,834.61
Annual and Semiannual Meeting Income from Exhibits, Annual Dinner, Round Table Luncheon, etc.		14,000.00
Journal Income		
Advertising		75,000.00
Miscellaneous Other Income		3,000.00
TOTAL ESTIMATED INCOME		$251,392.19

ESTIMATED DISBURSEMENTS—1961

	Actual 1960	*Proposed 1961 Budget*
1. Auditor	$ 730.00	$ 750.00
2. Committee Expenses	5,262.32	3,000.00
3. Communications $11,010.23 Refunded 4,414.97 In Postage Meter 960.16 Net	5,635.10	6,000.00
4. Contributions	60.00	250.00
5. Fuel	3,436.79	3,700.00
6. Gas and Electricity	3,002.19	3,000.00
7. Household and Janitorial Expenses	588.86	1,000.00
8. Insurance	2,240.68	2,000.00
9. Journal Expense	59,165.07	60,000.00
10. Legal Fees	1,550.57	2,000.00
11. Library Expense	10,504.73	9,000.00
12. Property Maintenance	530.56	1,000.00
13. Meetings—Annual and Semiannual	12,992.28	14,000.00
14. Miscellaneous Expense	6,144.83	5,500.00
15. Office Equipment	1,308.19	1,500.00
16. Office Supplies	2,878.90	2,500.00
17. Printing	3,279.84	3,500.00
18. Salaries	102,569.68	102,000.00
19. Taxes (SS and Unemployment, etc.)	4,335.45	4,501.60
20. Travel	3,387.33	4,000.00
21. Legislative	1,769.95	2,000.00
22. Extraordinary Repairs	55.00	1,000.00
23. New Equipment	—	1,000.00
24. Pensions	10,000.00	10,000.00
25. Fringe Benefits	1,246.80	1,000.00
26. Contingent	—	7,190.59
	$242,675.12	$251,392.19

(See Page 507 Minutes)

Respectfully submitted,
WETHERBEE FORT, M.D., *Treasurer, Chairman*
CHARLES F. O'DONNELL, M.D., *Chairman of Council*
M. MCKENDREE BOYER, M.D., *Vice-Chairman of Council*
WILLIAM CARL EBELING, M.D., *Secretary*
WILLIAM A. PILLSBURY, JR., M.D., *Chairman of Planning Committee*
HOWARD B. MAYS, M.D.
ALBERT E. GOLDSTEIN, M.D.
JOHN W. PARSONS, M.D.
R. WALTER GRAHAM, JR., M.D.

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

BALTIMORE, MARYLAND

STATEMENT OF INCOME AND EXPENDITURES

For Year Ended December 31st, 1960

GENERAL FUND

EXHIBIT B

Income			
Dues—Baltimore City Dental Society		$1,535.00	
—Baltimore City Medical Society		65,330.00	
—County Medical Society		60,729.00	
—Halls and Offices			
Baltimore City Medical Society		14,150.00	
Others		4,050.00	$145,794.00
Meetings—Annual and Semi-Annual—Exhibits			10,035.00
Baltimore City Medical Society—Salaries			3,350.00
American Medical Association—For General Purposes			336.88
Journal—Advertisements		70,713.90	
—Subscriptions		5,392.63	76,106.53
Maryland Hospital Service Fees			1,400.35
Medicare			457.84
Health Check-Up			75.36
Use of Addressograph			417.39
Interest Earned			1,173.47
Refund—Jet Flight			500.07
Miscellaneous			78.32
			239,725.21
Transfer from Consolidated Fund—Income Funds—Exhibit D			
For General Purposes			
Josiah I. Bowen Fund	$1,102.77		
Frank C. Bressler Fund	229.08		
Eugene Fauntleroy Cordell Fund	160.00		
Charles M. Ellis Fund	525.62		
Osler Endowment Fund	218.99		
Osler Testimonial Fund	515.19		
Hiram Woods Fund	328.19	3,079.84	
For Salaries			
John Ruhrah Fund		1,248.00	4,327.84
Transfer from Contingent Fund—Income Fund—Exhibit J			454.30
Total Income			$244,507.35

Total Income—Brought Forward		244,507.35
Expenditures		
Accounting Fees		730.00
Communication Expense—Postage, Telephone and Telegraph		6,357.07
Contributions		60.00
Repairs		55.00
Fuel		3,436.79
Gas, Electricity and Water		3,027.91
Household and Janitorial Supplies		580.39
Insurance—General		2,240.68
—Hospitalization		1,192.70
Journal Expense		59,211.42
Legal Fees		1,550.57
Committee Expenses		
Diabetes		127.86
Legislative		1,769.95
Other		5,524.56
Property Maintenance		582.06
Meetings—Annual and Semi-Annual		12,734.64
Miscellaneous		6,053.26
Office Supplies		2,931.24
Purchase of Equipment—Exhibit I		1,253.59
Printing		3,199.84
Salaries		102,445.71
Pension Plan Contribution		8,372.64
Social Security Tax		2,730.96
United States Unemployment Insurance		205.50
Maryland Unemployment Insurance		1,223.22
Travel		3,387.33
Total Expenditures		230,984.89
Excess of Income Over Expenditures—to Exhibit C		13,522.46

STATEMENT OF SURPLUS

For Year Ended December 31st, 1960

GENERAL FUND

EXHIBIT C

January 1st, 1960—Balance to Credit of Account		$38,903.24
Additions		
Excess of Income Over Expenditures—For Year Ended December 31st, 1960—Exhibit B	$13,522.46	
Transferred from Reserve for Contingencies—General Fund	30,058.53	43,580.99
December 31st, 1960—Balance to Credit of Account—to Exhibit A		82,484.23

STATEMENT OF INCOME AND EXPENDITURES

For Year Ended December 31st, 1960

CONSOLIDATED FUND—INCOME ACCOUNT

EXHIBIT D

Income			
Consolidated Fund Investments			
Bonds			
United States Government and Municipals	$919.80		
Public Utilities, Railroads, etc.	1,420.00	$2 339.81	
Stocks			
Preferred	428.76		
Common	10,501.68	10,930.44	
Interest Special Savings Account—The Savings Bank of Baltimore		52.32	
		13,322.57	
Less—Due to Contingent Fund—1959 Income	227.05		
—Agencies' Fees	760.84	987.89	
Net Income From Distributed Investment Income—Exhibit F		12,334.68	
Eugene F. Cordell Fund Investments—Exhibit F			
Stocks			
Common	230.14		
Less—Agency Fee	13.18	216.96	
Total Net Income From Investments			$12,551.64
Interest on Savings Accounts—The Savings Bank of Baltimore—Exhibit F			1,277.06
Total Income			13,828.70
Expenditures—Exhibit F			
Library Purposes		12,377.96	
Transfer to General Fund for General Purposes—to Exhibit B		4,327.84	
Lectureship		200.00	
Total Expenditures			16,905.80
Excess of Expenditures Over Income—to Exhibit E			3,077.10

STATEMENT OF CAPITAL

For Year Ended December 31st, 1960

CONSOLIDATED FUND—INCOME ACCOUNT

EXHIBIT E

January 1st, 1960—Balance to Credit of Account	$40,423.66
Addition	
Undistributed 1960 Income—Exhibit D	227.05
	40,650.71
Deduction	
Excess of Expenditures Over Income—For Year Ended December 31st, 1960—Exhibit D	3,077.10
December 31st, 1960—Balance to Credit of Account—To Exhibits A and F	37,573.61

STATEMENT OF RECEIPTS, EXPENDITURES AND BALANCES

For Year Ended December 31st, 1960

CONSOLIDATED FUND—INCOME ACCOUNT

EXHIBIT F

FUND	BALANCE JANUARY 1ST, 1960	RECEIPTS: Interest on Savings Accounts—Savings Bank of Baltimore	RECEIPTS: Income From Investments — Distributive share — Per cent	RECEIPTS: Income From Investments — Distributive share — Amount	RECEIPTS: Direct	SUB-TOTAL	EXPENDITURES: Library Purposes	EXPENDITURES: Transfers to General Fund	EXPENDITURES: Lecture-ship	BALANCE DECEMBER 31ST, 1960	BALANCES—DECEMBER 31ST, 1960 REPRESENTED BY: Additions: Savings accounts balances	Additions: Uninvested cash	Additions: Investments	Additions: Undistributed receipts	Additions: Due Cordell Fund from various Funds	Deductions: Due to Cordell Fund	Deductions: Due to General Fund	BALANCES DECEMBER 31ST, 1960
		To Exhibit D					*To Exhibit D*			**To Exhibit E*	*To Exhibit A-1*						**To Exhibit A-1*	**To Exhibit A-1*
Baker	$277.50	$9.00	$.62	$75.43		$361.93	$22.00			$339.93	$302.92			$37.01				$339.93
Barker, Lewellys F.	85.95	2.85	.38	46.25		135.05	21.50			113.55	90.85			22.70				113.55
Bowen, Josiah S.	806.50	33.01	8.51	1,035.46		1,874.97		$1,102.77		772.20	264.15			508.05				772.20
Bressler, Frank C.	340.60	12.21	1.72	209.29		562.10		229.08		333.02	230.33			102.69				333.02
Cordell, Eugene Fauntleroy	9,352.92	171.88	3.50	425.87	$157.18	10,107.85		160.00		9,947.85	5,611.82	$89.62	$4,037.45	208.96				9,947.85
Cowles, Nellie N.	387.69	12.63	.72	87.61		487.93				487.93	444.94			42.99				487.93
Ellis, Charles M.	—	—	4.32	525.62		525.62		525.62		—	—			257.90			$257.90	—
Finney, John M. T.	2,910.25	97.09	8.06	980.69		3,988.03	512.16		$100.00	3,375.87	2,894.69			481.18				3,375.87
Frick, William F.	1,332.88	49.86	14.41	1,753.31		3,136.05	1,154.72			1,981.33	1,121.06			860.27				1,981.33
Friedenwald, Julius	755.44	24.59	.72	87.61		867.64				867.64	824.65			42.99				867.64
Harlan, Herbert	146.86	4.85	.73	88.83		240.54	36.00			204.54	160.96			43.58				204.54
McCleary, Standish	185.95	6.09	.72	87.61		279.65	37.50			242.15	199.16			42.99				242.15
Osler, Endowment	1,741.75	57.96	1.34	163.04		1,962.75		218.99		1,743.76	1,663.77			79.99				1,743.76
Osler, Testimonial	3,867.25	129.54	7.44	905.25		4,902.04	329.55	515.19		4,057.30	3,613.13			444.17				4,057.30
Ruhrah, John	12,214.48	458.52	39.14	4,762.32		17,435.32	10,057.58	1,248.00		6,129.74	3,793.08			2,336.66				6,129.74
Stokes, William Royal	2,106.59	69.53	2.97	361.38		2,537.50	206.95			2,330.55	2,153.23			177.32				2,330.55
Trimble, Isaac Ridgeway	2,179.18	71.91	2.53	307.82		2,558.91			100.00	2,458.91	2,307.88			151.03				2,458.91
Woods, Hiram	1,958.92	65.54	2.17	264.02		2,288.48		328.19		1,960.29	1,830.75			129.54				1,960.29
	40,650.71	1,277.06	100.00	12,167.41	157.18	54,252.36	12,377.96	4,327.84	200.00	37,346.56	27,507.37	89.62	4,037.45	5,970.02	—	—	257.90	37,346.56
Plus—Undistributed Income—Exhibit E.				227.05		227.05				227.05				227.05				227.05
Dividends due direct to Cordell Fund distributed in error.				(59.78)	59.78										$59.78	$59.78		
	40,650.71	1,277.06	100.00	12,334.68	216.96	54,479.41	12,377.96	4,327.84	200.00	*37,573.61	27,507.37	89.62	4,037.45	6,197.07	59.78	59.78	*257.90	*37,573.61

STATEMENT OF CAPITAL

December 31st, 1960

CONSOLIDATED FUND—PRINCIPAL ACCOUNT

EXHIBIT G

FUND	PURPOSE	BALANCE JANUARY 1ST, 1960	PROFIT ON SALE OF SECURITIES * To Schedule G-1	BALANCE DECEMBER 31ST, 1960 * To Exhibit A
Baker	Books of Materia Medica	$1,014.93	$1.90	$1,016.83
Barker, Lewellys F.	Library	608.52	1.17	609.69
Bowen, Josiah S.	General	13,789.82	26.12	13,815.94
Bressler, Frank C.	General	2,800.70	5.28	2,805.98
Cordell, Eugene Fauntleroy	Relief of Widows and Orphans	5,663.33	10.74	5,674.07
Cowles, Nellie N.	Library	1,167.73	2.21	1,169.94
Ellis, Charles M.	General	7 006.40	13.26	7,019.66
Finney, John M. T.	Books, Journals and Lectureships on Surgery	13,059.00	24.74	13,083.74
Frick, William F.	Maintenance Frick Library, Purchase Books and Journals	23 356.99	44.24	23,401.23
Friedenwald, D. Julius	Maintenance of Friedenwald Room	1,167.73	2.21	1,169.94
Harlen, Herbert	Books on Ophthalmology	1,185.07	2.24	1,187.31
McCleary, Standish	Lectureships and Books on Pathology	1,167.73	2.21	1,169.94
Osler Endowment	Permanent Endowment for Books and Buildings by Request of Dr. Osler	2,173.14	4.11	2,177.25
Osler Testimonial	Medical Books and Maintenance of Osler Hall	12 050.22	22.84	12,073.06
Ruhrah, John	Library Books and Journals, etc.	63,438.16	120.15	63,558.31
Stokes, William Royal	Lectureships and Books on Bacteriology	4,811.49	9.12	4,820.61
Trimble, Isaac Ridgeway	Lectureships Only	4,108.64	7.77	4,116.41
Woods, Hiram	General	3,505.53	6.66	3,512.19
		162,075.13	*306.97	*162,382.10

STATEMENT OF SECURITIES SOLD

For Year Ended December 31st, 1960

CONSOLIDATED FUND—PRINCIPAL ACCOUNT

SCHEDULE G-1

SHARES	DESCRIPTION	SALES PRICE	COST	PROFIT * To Exhibit G
	STOCKS			
4	Mount Washington Hall Association of Baltimore County	$306.97		$306.97
4/50	Texaco, Inc.	6.22	$6.22	—
		313.19	6.22	*306.97

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

For Year Ended December 31st, 1960

PLANT FUND

EXHIBIT H

January 1st, 1960—Balance—Distributed		
In Building Fund Accounts		
First National Bank—Checking Account	$3,277.63	
The Savings Bank of Baltimore	15,629.73	$18,907.36
Receipts		
Sale of Securities	133,587.17	
Assessments	33,409.50	
Contribution—J. C. Coggins, M.D.	5,000.00	
Amount due from General Fund	20.00	
Loan Payable—General Fund	30,000.00	
Interest on Investments	2,291.25	
Interest on Savings Account	512.00	204,819.92
		223,727.28
Disbursements		
Improvements to Building	196,073.27	
Furniture, Fixtures and Equipment	11,102.03	
Rental, Storage and Moving Expenses	6,835.25	
Office Supplies and Expense	54.50	
Miscellaneous	590.81	214,655.86
December 31st, 1960—Balance on Deposit		9,071.42
Distributed as Follows: to Exhibit A		
Baltimore National Bank—Checking Account	8,968.71	
First National Bank—Checking Account	102.71	9,071.42

STATEMENT OF CAPITAL

For Year Ended December 31st, 1960

PLANT FUND

EXHIBIT I

December 31st, 1960—Balance to Credit of Accounts			
Funds Invested in Fixed Assets		$409,211.73	
Building Fund		171,129.57	
January 1st, 1960—Balance to Credit of Combined Accounts			$580,341.30
Additions			
Assessments		38,451.94	
Contribution—J. C. Coggins, M.D.		5,000.00	
Interest on Investments	$2,291.25		
Interest on Savings Account	512.00	2,803.25	
Office Furniture and Equipment Purchased by General Fund—to Exhibit B			
1 Art Metal Two Drawer File Cabinet—Gray	56.32		
1 Documentor Electric Typewriter #8370899DE	404.70		
1 Secretarial Desk—Gray	195.93		
1 Portable Olympia Typewriter #1181133	115.98		
2 4-Drawer Letter Files—Gray	189.98		
1 Totalia Multiplier #664451	271.13		
1 Drawer for File—Gray	19.55	1,253.59	47,508.78
			627,850.08
Deductions			
Rental, Storage and Moving Expenses		6,835.25	
Office Supplies and Expense		54.50	
Loss on Sale of Investments		7,035.21	
Miscellaneous Expenses		590.81	14,515.77
December 31st, 1960—Balance to Credit of Account—to Exhibit A			613,334.31

STATEMENT OF CAPITAL
For Year Ended December 31st, 1960
CONTINGENT FUND

EXHIBIT J

INCOME ACCOUNT

January 1st, 1960—Balance to Credit of Account		$979.58
Additions		
Dividends	$450.00	
Interest—United States Government Bonds	62.50	
—Savings Account	17.06	529.56
		1,509.14
Deductions		
Transfer to General Fund—Exhibit B	454.30	
Agency Fee	34.12	488.42
December 31st, 1960—Balance to Credit of Account—to Exhibit A-2		1,020.72

PRINCIPAL ACCOUNT

January 1st, 1960—Balance to Credit of Account	9,420.54
No Changes During Year	—
December 31st, 1960—Balance to Credit of Account—to Exhibit A-2	9,420.54

STATEMENT OF CAPITAL
For Year Ended December 31st, 1960
MEDICAL ANNALS FUND

EXHIBIT K

January 1st, 1960—Balance to Credit of Account	$1,096.64
Addition	
Interest on Savings Account	32.90
December 31st, 1960—Balance to Credit of Account—to Exhibit A	1,129.54

STATEMENT OF CAPITAL
For Year Ended December 31st, 1960
HARVEY G. BECK—LECTURESHIP FUND

EXHIBIT L

INCOME ACCOUNT

January 1st, 1960—Balance to Credit of Account		$493.79
Additions		
Dividends	$128.72	
Interest—Savings Account	17.22	145.94
		639.73
Deduction		
Agency Fee		6.44
December 31st, 1960—Balance to Credit of Account—to Exhibit A-3		633.29

PRINCIPAL ACCOUNT

January 1st, 1960—Balance to Credit of Account	1,998.55
No Change During Year	—
December 31st, 1960—Balance to Credit of Account—to Exhibit A-3	1,998.55

BALANCE SHEET — DECEMBER 31ST, 1960

EXHIBIT A

ASSETS

General Fund			
Cash—Baltimore National Bank	$58,632.02		
—Undeposited Receipts	3,905.93		
—Petty Cash Funds	300.00	$62,837.95	
—The Savings Bank of Baltimore—Library Funds		6,568.81	
—Baltimore Federal Savings and Loan Association—Pension Fund		3,250.78	
—*Reserved for Contingencies*—Contra			
Central Savings Bank	2,259.75		
Eutaw Savings Bank of Baltimore	10,806.53		
Provident Savings Bank	10,819.02	23,885.30	$96,542.84
Loan Receivable—Plant Fund—Contra			30,000.00
Account Receivable—Consolidated Fund—Principal Account			76.64
Due from Consolidated Fund—Income Fund			
Charles M. Ellis Fund—Exhibit F		257.90	
Special Savings Account		1.00	258.90
Total General Fund Assets			126,878.38
Endowment and Other Special Funds			
Consolidated Fund—Exhibit A-1			
Income Account		37,832.51	
Principal Account		162,459.04	200,291.55
Contingent Fund—Exhibit A-2			
Income Account		1,020.72	
Principal Account		9,900.88	10,921.60
Medical Annals Fund			
Cash—Union Trust Company of Maryland			1,129.54
Harvey G. Beck—Lectureship Fund—Exhibit A-3			
Income Account		633.29	
Principal Account		1,998.55	2,631.84
Total Endowment and Other Special Fund Assets			214,974.53
Plant Fund			
Cash—Exhibit H			
Baltimore National Bank—Checking Account	8,968.71		
First National Bank of Baltimore—Checking Account	102.71	9,071.42	
Account Receivable—General Fund—Contra		5,042.44	14,113.86
Fixed Assets (No Depreciation Provided)			
1215-17 Cathedral Street—Land—Cost		19,118.95	
1209-1213 Cathedral Street			
Land and Building—Cost	110,635.76		
Improvements—Cost	321,548.97		
	432,184.73		
Personal Property—Appraised Value as of December 31st, 1949 and Additions at Cost			
Library Books and Journals	231,370.00		
Office, Library, Fixtures, Antiques and Museum Pieces	55,269.13		
Portraits	14,000.00	732,823.86	751,942.81
Total Plant Fund Assets			766,056.67
			1,107,909.58

LIABILITIES AND CAPITAL

General Fund			
Liabilities			
Account Payable—Building Fund—Assessments Collected—Contra			$5,042.44
—American Medical Association—Dues Collected			4,217.75
Designated Funds			
For Library Account—Books and Journals		$1,916.44	
For Special Library Account		6,568.81	
For Dental Books		.06	
Dr. Jesse C. Coggins Fund		1,000.00	9,485.31
Withholding Tax—United States—December, 1960		1,251.59	
—Maryland—Fourth Quarter, 1960		511.76	1,763.35
			20,508.85
Reserve for Contingencies—Contra			23,885.30
Surplus—Exhibit C			82,484.23
Total General Fund Liabilities, Reserve and Surplus			126,878.38
Endowment and Other Special Funds			
Consolidated Fund—Exhibit A-1			
Income Account			
Liabilities	$258.90		
Capital—Exhibit E	37,573.61	37,832.51	
Principal Account			
Liabilities	76.94		
Capital—Exhibit G	162,382.10	162,459.04	200,291.55
Contingent Fund—Exhibit A-2			
Income Account			
Capital—Exhibit J		1,020.72	
Principal Account			
Liabilities	480.34		
Capital—Exhibit J	9,420.54	9,900.88	10,921.60
Medical Annals Fund			
Capital—Exhibit K			1,129.54
Harvey G. Beck—Lectureship Fund—Exhibit A-3			
Income Account—Capital—Exhibit L		633.29	
Principal—Capital—Exhibit L		1,998.55	2,631.84
Total Endowment and Other Special Fund Liabilities and Capital			214,974.53
Plant Fund			
Liabilities			
Contracts Payable		122,722.36	
Loan Payable—General Fund—Interest @ 3% per annum—Contra		30,000.00	152,722.36
Capital—Exhibit I			613,334.31
Total Plant Fund Liabilities and Capital			766,056.67
Grand Total—All Funds			1,107,909.58

BALANCE SHEET—DECEMBER 31ST, 1960

CONSOLIDATED FUND

EXHIBIT A-1

ASSETS

Income Account			
Cash—*The Savings Bank of Baltimore*			
Total—Exhibit F	$27,507.37		
Special Account—Contra	1.00	$27,508.37	
—*Undistributed Receipts*—Exhibit F			
Savings Bank of Baltimore—Special Account	3,508.84		
Mercantile Safe Deposit and Trust Company—Agent	2,688.23	6,197.07	$33,705.44
Investments			
Eugene F. Cordell Fund—Held by Baltimore National Bank—Agent—Exhibit F			
Cash		89.62	
Common Stocks		4,037.45	4,127.07
Total Income Account Assets—to Exhibit A			37,832.51
Principal Account			
Held by Baltimore National Bank and Mercantile Safe Deposit and Trust Company—Agents			
Cash			88.82
Investments			
United States Government and Municipal Bonds		35,721.00	
Public Utilities, Railroad, etc.—Bonds		38,840.72	
Stocks—Preferred		9,177.92	
—Common		78,630.58	162,370.22
Total Principal Account Assets—to Exhibit A			162,459.04
Grand Total—Income and Principal Account Assets			200,291.55

LIABILITIES AND CAPITAL

Income Account			
Liabilities—to Exhibit A			
Due General Funds			
Charles M. Ellis Fund—Exhibit F		257.90	
From Special Savings Account—Contra		1.00	258.90
Capital—to Exhibits A and E			37,573.61
Total Income Account Liabilities and Capital			37,832.51
Principal Account			
Liabilities—to Exhibit A			
Uninvested Cash—Overdraft—Mercantile Safe Deposit and Trust Company		.30	
Account Payable—General Fund		76.64	76.94
Capital—to Exhibit A			162,382.10
Total Principal Account Liabilities and Capital			162,459.04
Grand Total—Income and Principal Account Liabilities and Capital			200,291.55

BALANCE SHEET—DECEMBER 31ST, 1960
CONTINGENT FUND

EXHIBIT A-2

ASSETS			
Income Account			
Cash—Savings Bank of Baltimore		$540.38	
Due from Principal Account—Contra		480,34	$1,020.72
Total Income Account Assets—to Exhibit A			1,020.72
Principal Account			
Investments—Emergency and Retirement Fund—Held by Baltimore National Bank—Agent			
Cash		326.05	
United States Government Bonds	$2,284.38		
Common Stocks	7,290.45	9,574.83	9,900.88
Total Principal Account Assets—to Exhibit A			9,900.88
Grand Total—Income and Principal Account Assets			10,921.60
LIABILITIES AND CAPITAL			
Income Account			
Capital—to Exhibit A and J			1,020.72
			1,020.72
Principal Account			
Liabilities			
Due Income Account—Contra			480.34
Capital—to Exhibits A and J			9,420.54
			9,900.88
Grand Total—Income and Principal Account—Liabilities and Capital			10,921.60

BALANCE SHEET—DECEMBER 31ST, 1960
HARVEY G. BECK—LECTURESHIP FUND

EXHIBIT A-3

ASSETS			
Income Account			
Cash—Savings Bank of Baltimore			$633.29
Total Income Account Assets—to Exhibit A			633.29
Principal Account			
Investments—Held by Baltimore National Bank—Agent			
Cash		$202.93	
Common Stocks		1,795.62	1,998.55
Total Principal Account Assets—to Exhibit A			1,998.55
Grand Total—Income and Principal Account Assets			2,631.84
LIABILITIES AND CAPITAL			
Income Account			
Capital—to Exhibits A and L			633.29
Principal Account			
Capital—to Exhibits A and L			1,998.55
Grand Total—Income and Principal Account Capital			2,631.84

CERTIFICATE

THE MEDICAL AND CHIRURGICAL FACULTY
OF THE STATE OF MARYLAND,
1211 CATHEDRAL STREET,
BALTIMORE 1, MARYLAND.

GENTLEMEN:

We have made an audit of the records in the office of the Treasurer of The Medical and Chirurgical Faculty of The State of Maryland for the year ended December 31st, 1960. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and other auditing procedures as we considered necessary, with the exception of the verification of membership dues.

In our opinion, the Exhibits, together with the comments in this report, present fairly the financial position of the Faculty on December 31st, 1960 as shown by the records which are kept principally on the cash basis, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Respectfully submitted,

WOODEN, BENSON & WALTON
Members of American Institute
of Certified Public Accountants

COUNCIL

Mr. President and Members of the House of Delegates:

This report is a summary of activities of the Council. There were eight Council meetings, sixteen executive meetings and five meetings of a special Council Committee to meet with the same type committee from Blue Cross and Hospital Council on Problems of Mutual Interests.

Each of the above meetings averaged four to six hours, so you can see that your Council members have spent many hours on your business and problems.

Complete details of all meetings of the Executive Committee, Council, and Special Committee are available at the Faculty office for those who desire to read them.

The Medical and Chirurgical Faculty of Maryland is an organization which has a membership of all segments of medicine and, necessarily, all types of practice in these segments. It is extremely difficult, if not impossible, to satisfy each individual member and, we presume, we possibly have not pleased each individual member at all times.

In our discussions with the Hospital Council and Blue Cross Representatives, we feel that we have established a good working relationship on the mutual problems confronting the three groups. We have established many areas of complete mutual agreement. We have found many areas of disagreement. But, it is felt that future negotiations on the areas of disagreement can be brought to an agreeable solution with the proper attitude of give and take on the part of all parties concerned.

Your Council is extremely grateful to be able to invite one and all to view our newly renovated home, made possible through the cooperation of every member of the Faculty.

It is the work of the Council to carry on the work of the Faculty between meetings of the House of Delegates. This we have tried to do.

In closing, may I request the wholehearted support of every member of the House of Delegates and the entire Faculty in pulling together in whatever manner necessary to prevent any inroad by third parties in the practice of medicine.

I wish to thank the Council Members for allowing me to serve as their chairman.

The following is a list of members the Council requests be granted Emeritus Membership:

Firmadge King Nichols, M.D., Baltimore City
Henry T. Collenberg, M.D., Baltimore City
George W. DeHoff, M.D., Baltimore City
Harry L. Rogers, M.D., Baltimore City
Olive C. Smith, M.D., Baltimore City
George L. Stickney, M.D., Baltimore City
George B. West, Sr., M.D., Dorchester County
Kenneth B. Jones, M.D., Dorchester County
Robert B. Miller, M.D., Dorchester County

(See Page 516 Minutes)

Respectfully submitted,
CHARLES F. O'DONNELL, M.D., *Chairman*

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

The three delegates to the American Medical Association attended the 14th Clinical Meeting of the House

of Delegates of the AMA held in Washington, D. C., November 28-December 1, 1960. All meetings were attended by the delegates, as well as the Reference Committee on Medical Education and Hospitals, where the Faculty's two resolutions were discussed. One member, Dr. George H. Yeager, was assigned to serve on the Reference Committee on Reports of Officers.

The major subjects discussed at this meeting included a scholarship and loan program for medical students, the status of foreign medical graduates, AMA membership dues increase, the expansion of voluntary health insurance, health care for the aged, and new developments in polio vaccine.

The Faculty's two resolutions were acted on as follows:

1. Resolution regarding Joint Commission on Hospital Accreditation's activity with respect to attendance at staff meetings and other items.

   This resolution was not acted on because the AMA Council Committee on Medical Education and Hospitals presented a supplementary report which provided, among other things, that attendance requirements be left up to each hospital.

2. Resolution dealing with Residency Review Committee of the AMA.
   This resolution's second resolved was adopted by the House of Delegates as follows:

RESOLVED that the Council on Medical Education and Hospitals and its various residency review committees establish effective liaison with state and county medical society committees which are devoted to the same principles.

SCHOLARSHIP AND LOAN PROGRAM

This action approved a scholarship and loan program with local participation in the program at state and county level. Complete details of this program are still to be worked out, but advance information may be obtained from the Faculty Office.

FOREIGN MEDICAL SCHOOL GRADUATES

The House of Delegates adopted a report which would provide for an extension to June 30, 1961, for those foreign medical school graduates who failed to pass the Educational Council for Foreign Medical Graduates test. During the period of January 1 through June 30, 1961, such graduates will not be permitted to have any responsibility for patient care, but will be required to take a re-examination in April 1961. Those who pass this may continue serving as house officers.

AMA DUES INCREASE

The House approved a Board of Trustees Report which announced that a dues increase would be recommended at the 1961 Annual Meeting. The report indicated that the amount would be not less than $10.00 and no more than $25.00, to be effective January 1, 1962. The Reference Committee asked the Board to consider an increase in the Annual dues of $20.00, to be implemented over a period of two years: $10.00 on January 1, 1962, and $10.00 additional on January 1, 1963.

The House suggested these funds be used to inaugurate or expand a number of programs including:

1. Financial assistance to medical students
2. Continuing education for practicing physicians
3. Health advice to the lay public
4. Medical research
5. Expansion by the Communications Division of its program of faithfully portraying the image of the American Medical Association.

VOLUNTARY HEALTH INSURANCE

The House directed the Board of Trustees to assume immediately the leadership in consolidating the efforts of the AMA with those of the National Association of Blue Shield Plans, the American Hospital Association, and the Blue Cross Association into maximum development of the voluntary, non-profit prepayment concept to provide health care for the American people. In addition, it was requested that similar leadership be exercised with the private insurance carriers through conferences with their national organizations.

The Indiana delegation introduced a resolution with the following Resolveds:

RESOLVED, That the American Medical Association hereby expresses its renewed opposition to this practice and reaffirms its previous statements, and be it further

RESOLVED, That the American Medical Association and all state Associations act with all their resources to effect immediately the transfer of professional services from Blue Cross Plans and all other hospitalization plans to Blue Shield or Insurance Plans providing for professional services, wherever such situations do exist.

It is to be noted that this is similar to the stated policy of the Faculty.

HEALTH CARE FOR THE AGED

The House urged all state and local medical societies to cooperate with the appropriate state officials and provide leadership in implementing the provisions of the Kerr-Mills Bill (this is already being done in Maryland) and expressed its continued opposition to the use of OASDI mechanism for medical aid to the aged.

Complete details on any of these programs and any other matters discussed at this meeting are available through the Faculty office or any of the Faculty's three AMA delegates, or may be found in full in the AMA Journal.

Respectfully submitted,
ROBERT VL. CAMPBELL, M.D.
J. SHELDON EASTLAND, M.D.
GEORGE H. YEAGER, M.D.

BOARD OF MEDICAL EXAMINERS OF MARYLAND

Mr. President and Members of the House of Delegates:

The Board of Medical Examiners of Maryland is composed of the following members whose terms expire on the dates indicated:

Vernon H. Norwood, M.D. 1961
Norman E. Sartorius, Jr., M.D. 1961
Wylie M. Faw, Jr., M.D. 1962
Lewis P. Gundry, M.D. 1962
John H. Hornbaker, M.D. 1963
Frank K. Morris, M.D. 1963
Samuel McLanahan, M.D. 1964
Walter C. Merkel, M.D. 1964

As the terms of Dr. Vernon H. Norwood and Dr. Norman E. Sartorius, Jr., expire in June, 1961, two

members to serve until 1964 are to be elected at the meeting of the Medical and Chirurgical Faculty.

Examinations given during the year show the following results:

Applications received for examinations			461
Second year students examined	154		
Second year students re-examined	6		
Postponed, withdrawn, or did not appear	47		
Failed to complete	2		
Re-examined after license to meet requirements of other State Boards	4		
Not eligible for license		213	
Examined in second part of examinations	96		
Complete examination given	110		
Re-examined	42		
Eligible for license		248	461
Passed—American Graduates	156		
Passed—Foreign Graduates	56	212	
Failed—American Graduates	8		
Failed—Foreign Graduates	28	36	248

American Graduates who failed are as follows:
7 were graduates of Howard University
1 was graduate of College of Medical Evangelists

Licenses issued after examination	212
Licenses issued by endorsement of other States' licenses	86
Licenses issued by endorsement of National Board Certificates	80
Total licenses issued	378
Licenses revoked	2
Licentiates certified to other States	285
Copies of licenses issued	14
American graduates examined and re-examined	164
Foreign graduates examined and re-examined	84
Foreign graduates approved for examination	43
Written inquiries from foreign graduates (approximately)	750
Office interviews with foreign graduates (approximately)	325
Telephone inquiries from foreign graduates (approximately)	400
Telephone inquiries concerning registration of physicians	1,500
Registration certificates issued	4,488

TRIENNIAL REGISTRATION OF PHYSICIANS

The law requiring triennial registration of physicians became effective June 1, 1960, fee for which is $5 for each registration. The bill was originally for biennial registration.

This registration has revealed thus far 37 illegally licensed physicians by the "Rump" Homeopathic Board.

INCREASE IN EXAMINATION FEES

The fee for examination was increased from $35 to $50 effective June 1, 1960.

REVOCATIONS

Jacob J. Greenwald, M.D.—The license of Dr. Greenwald was revoked on July 22, 1960, for conspiring to violate the marriage laws of Maryland and for issuing a false certificate of pregnancy to a minor.

Webster Sewell, M.D.—The license of Dr. Sewell was revoked on July 22, 1960, for criminal abortion. An appeal is pending.

Activities—January 1, 1961 to March 1, 1961

FIFTY-SEVENTH ANNUAL CONGRESS OF MEDICAL EDUCATION AND LICENSURE

Dr. Lewis P. Gundry, President, and Dr. Frank K. Morris, Secretary, attended the Congress held on February 4 to 7, 1961.

The total number of physicians registered as of March 9, 1961 is 4,575.

Respectfully submitted,
FRANK K. MORRIS, M.D., *Secretary*

COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS

Mr. President and Members of the House of Delegates:

This Committee has completed arrangements for the 163rd Annual Meeting of the Society, to be held at the Alcazar, April 26, 27, 28, 1961. In addition to a promising scientific program and business meetings, there will be scientific and technical exhibits. Income from the latter has paid all costs of the Annual and Semiannual Meetings for the past few years. In view of this liquidity, your Committee has pursued a policy of inviting, for the most part, out-of-town speakers to address the scientific sessions, with the thought that their presence increased the interest of the membership.

The Semiannual Meeting at Ocean City was well attended with a registration of over four hundred. The members displayed unusual interest in both the business meetings and scientific program. The latter was a symposium on resuscitation. The services of the Commander Hotel were generally praised and the provision of both a clam bake and indoor buffet, which were equally popular, seemed to solve the annual dilemma as to which to offer.

On behalf of all members of the Program Committee, I wish to thank the members of the Society for their interest and the staff of the Faculty for its hard work and complete cooperation in making these meetings successful.

Respectfully submitted,
WILLIAM E. GROSE, M.D., *Chairman*
HOUSTON S. EVERETT, M.D.
JAMES DOUGLAS LOCKARD, M.D.
JOSEPH B. WORKMAN, M.D.
WILLIAM CARL EBELING, M.D., *Secretary of Medical and Chirurgical Faculty* (In conformity with Constitution and By-laws)

OCEAN CITY MEETING

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND PROGRAM OF THE SEMIANNUAL MEETING, OCEAN CITY

Friday, September 16, 1960
Headquarters

COMMANDER HOTEL, THE BOARDWALK AND 14th STREET OCEAN CITY, MARYLAND

REGISTRATION—9:00 A.M.
Lobby

All members and their guests are requested to register.
Those who arrive on Thursday, September 15, may register that evening from 7:30 P.M. to 9:30 P.M.

BUSINESS SESSIONS
Beach Lounge, Ground Floor

Council Meeting—Thursday, September 15, 2:30 P.M.
House of Delegates—Thursday, September 15, 8:00 P.M., Friday, September 16, 9:30 A.M.
All members of the Faculty are invited to attend the meetings of the House of Delegates, but privileges of the floor are for delegates only.

SCIENTIFIC SESSION—12:30 P.M.
Beach Lounge, Ground Floor

Words of Welcome. Whitmer B. Firor, M.D., President, Medical and Chirurgical Faculty.
Recent Advances in Emergency Resuscitation, an illustrated symposium.
MODERATOR, Donald W. Benson, M.D., Professor of Anesthesiology, The Johns Hopkins University School of Medicine.

1. EXTERNAL CARDIAC MASSAGE AND DEFIBRILLATION

William B. Kouwenhoven, D. Eng., Professor Emeritus of Electrical Engineering and lecturer in Surgery, The Johns Hopkins University.
James R. Jude, M.D., Resident Surgeon, The Johns Hopkins Hospital.

2. MODERN METHODS OF ARTIFICIAL RESPIRATION

Paul R. Hackett, M.D., Associate Professor of Anesthesiology, University of Maryland School of Medicine.
Peter Safar, M.D., Chief of Anesthesiology, Baltimore City Hospitals; and Associate Professor of Anesthesiology, University of Maryland School of Medicine.

Since every physician may be called upon to minister to patients with life threatening respiratory failure or cardiac standstill, this discussion will be of great interest to all. A new method of supplying an effective heartbeat by compression of the sternum promises to obviate the drastic necessity for thoracotomy and manual massage of the heart. New techniques of providing a clear airway and needed pulmonary ventilation seem superior to methods in vogue over many years.

LUNCHEON

Your choice of

SMORGASBORD—1:30—3:30 P.M.

Dining Room

Menu will include lobster, imperial crab, baked ham, fried chicken, salads, and dessert.

or

CLAM BAKE—2:00—3:00 P.M.

On the Beach

Menu will include lobster and clams from the pit, steamed crabs,
corn on cob, fried chicken, salads, and dessert.
Dress optional for either luncheon

DANCE

9:30 P.M.-1:00 A.M.—Dining Room—Hors d'oeuvres will be served

Host—Medical and Chirurgical Faculty
Dress Optional

WOMAN'S AUXILIARY TO THE MEDICAL AND CHIRURGICAL FACULTY

Mrs. William S. Stone, President

Social Room, Main Floor

Friday, September 16, 1960

9:30 A.M. Open Board Meeting, Social Hour to follow

The wives of all doctors present for the Semiannual Meeting are invited to attend this meeting. Coffee and buns will be served informally.

ARRANGEMENTS COMMITTEE

Committee on Scientific Work and Arrangements of the Medical and Chirurgical Faculty:

WILLIAM E. GROSE, M.D., *Chairman;* HOUSTON S. EVERETT, M.D.;

J. DOUGLAS LOCKARD, M.D.; JOSEPH B. WORKMAN, M.D.; WILLIAM CARL EBELING, M.D.

ADDITIONAL SCIENTIFIC SESSIONS

Maryland Obstetrical and Gynecological Society. **Thursday, September 15, 6:30 P.M.,** at the Beach Plaza Hotel. Experience with Vaginal Delivery Following Previous Cesarean Section—Colonel H. L. Riva, M.C., Chief of Obstetrical and Gynecological Service, Walter Reed Hospital.

Maryland Diabetes Association. **Saturday, September 17, 9:00 A.M.,** Commander Hotel. Clinical Studies of Insulin Binding—Thaddeus E. Prout, M.D., Assistant Professor of Medicine, The Johns Hopkins University School of Medicine.

Maryland Heart Association. **Saturday, September 17, 10:00 A.M.,** Commander Hotel. The Practical Aspects of Diagnosis and Treatment of Coronary Heart Disease—Charles K. Friedberg, M.D., Mt. Sinai Hospital; and Diagnosis by Cardiac Auscultation—W. Proctor Harvey, M.D., Georgetown University School of Medicine.

PROGRAM OF THE *ONE HUNDRED SIXTY-THIRD ANNUAL MEETING*
The Alcazar, Cathedral and Madison Streets,
Baltimore, Maryland
Wednesday, April 26, Thursday, April 27, and Friday, April 28, 1961

CONDENSED SCHEDULE

For Complete Program See Following Pages

WEDNESDAY
The Alcazar

9:00 A.M.
Council. (Closed Session)

9:25 A.M.
Special Session, House of Delegates.

9:30 A.M.
House of Delegates.

10:00 A.M.
Technical and Scientific Exhibits open.

12:30 P.M.
Woman's Auxiliary Luncheon. Sheraton Belvedere Hotel.

2:15 P.M.
Panel on Viral Infections.
William S. Jordan, Jr., M.D.
Robert H. Parrott, M.D.
Harry M. Rose, M.D.

4:00 P.M.
Chemotherapy of Solid Tumors.
George E. Moore, M.D.

4:45 P.M.
Necrology.

8:30 P.M.
Medicolegal Symposium.
G. C. A. Anderson, Esq.
Russell S. Fisher, M.D.
William D. Macmillan, Sr., Esq.

THURSDAY
The Alcazar

9:00 A.M.
Technical and Scientific Exhibits open.

9:15 A.M.
Election of Board of Medical Examiners.

9:30 A.M.
Panel on Heart Failure and Diuretics.
T. S. Danowski, M.D.
John H. Moyer, M.D.
John C. Stauffer, M.D.

11:00 A.M.
Medical Activities Within Department of Defense.
Frank B. Berry, M.D.

12:30 P.M.
ROUND TABLE LUNCHEON.
Park Plaza Hotel.

REGISTRATION THROUGHOUT MEETINGS.

THURSDAY
The Alcazar

2:15 P.M.
Stay Alive.
Perry S. MacNeal, M.D.

3:15 P.M.
Use of Radioisotopes in Medical Diagnosis.
Merrill A. Bender, M.D.

4:15 P.M.
Panel on Obesity.
Thomas B. Connor, M.D.
Eloise R. Trescher, B.S.
Russell R. Monroe, M.D.

6:15 P.M.
Social Hour. Sheraton Belvedere Hotel.

7:15 P.M.
PRESIDENTIAL DINNER.
Sheraton Belvedere Hotel.

8:30 P.M.
General Meeting.
Presidential Address. Whitmer B. Firor, M.D.

Presidential Postscripts.
Dr. Malcolm C. Moos

FRIDAY
The Alcazar

9:00 A.M.
Technical and Scientific Exhibits open.

9:30 A.M.
Endocrine Therapy for Gynecologic Disorders.
Allan C. Barnes, M.D.

10:30 P.M.
Panel on Public Image of Medicine.
Richard O. Cannon, M.D.
Russell B. Roth, M.D.
William S. Stone, M.D.

1:00 P.M.
Exhibits close.

2:00 P.M.
House of Delegates and meeting of New Council immediately following. FACULTY BUILDING.

Credit will be given by the American Academy of General Practice for attendance at these scientific sessions.

Visit the Technical and Scientific Exhibits.

ANNUAL MEETING PROGRAM

Wednesday, April 26, 1961

9:25 a.m. House of Delegates. The Alcazar.

10:00 a.m. Technical and Scientific Exhibits open. The Alcazar.

12:30 p.m. Woman's Auxiliary Luncheon. Sheraton Belvedere Hotel.

Members of the Medical and Chirurgical Faculty make reservations to attend this luncheon. The Auxiliary cooperates with the Faculty and the American Medical Education Foundation.

SCIENTIFIC MEETINGS

Wednesday, April 26, 1961

Afternoon Session, The Alcazar
(Main Entrance on Cathedral Street)

Merrill M. Cross, M.D., *Vice-President,* Presiding

2:00 VISIT THE EXHIBITS.

2:15 VIRAL INFECTIONS OF THE RESPIRATORY TRACT. A Panel Discussion. (Illustrated)

Prophylactic Immunization against Adenovirus Infection.

Harry M. Rose, M.D., New York City. *Moderator.*

John E. Borne Professor of Medical and Surgical Research, and Chairman, Department of Microbiology, College of Physicians and Surgeons, Columbia University; Attending Microbiologist, Columbia-Presbyterian Medical Center.

The Epidemiology of Acute Respiratory Infections.

William S. Jordan, Jr., M.D., Charlottesville, Virginia.

Professor and Chairman, Department of Preventive Medicine and Professor of Internal Medicine, University of Virginia.

Viruses and Respiratory Tract Infection in Children.

Robert H. Parrott, M.D., Washington, D. C.

Physician-in-Chief and Director of the Research Foundation, Children's Hospital of the District of Columbia.

Acute respiratory disease caused by adenovirus is a major cause of disability among military recruits. In civil life, the common cold and viral diseases of similar nature are a preponderant cause of temporary disability. Except during epidemic periods, influenza viruses account for a negligible proportion of respiratory illness, and bacteria are responsible for less than 5% of the total. Properly planned epidemiologic studies can provide information on the contribution of different viruses to various types of respiratory infection. This information can be of value in planning for immune prophylaxis.

3:45 VISIT THE EXHIBITS.

4:00 CHEMOTHERAPY OF THE SOLID TUMORS. (Illustrated) J. M. T. Finney Fund Lecture.

George E. Moore, M.D., Ph.D., Buffalo, New York.

Director, Roswell Park Memorial Institute.

The chemotherapeutic drugs available for cancer therapy are inadequate. A study of the spread of cancer has aided in our learning the optimal ways of using these agents. The supplemental use of these agents with surgery or x-ray is hopeful. The practical value of various agents will be summarized.

4:45 NECROLOGY. **Whitmer B. Firor, M.D.,** *President.*

The members are requested to remain standing during the reading of the report.

5:00 VISIT THE EXHIBITS.

Wednesday Evening, April 26, 1961

The Alcazar

8:30 P.M.

Whitmer B. Firor, M.D., *President,* Presiding

MALPRACTICE ACTIONS AGAINST DOCTORS

A Medicolegal Symposium*

*Arranged by the Joint Committee on Medicolegal Problems, of which Mr. John S. Stanley is the Chairman for the Maryland and Baltimore City Bar Associations, and Dr. Russell S. Fisher is the Chairman for the Medical and Chirurgical Faculty. Mr. Theodore C. Waters, Sr., is the Chairman of the Symposia Management Subcommittee.

Moderator: **Russell S. Fisher, M.D.,** Baltimore, Maryland.

Chief Medical Examiner, State of Maryland, and Professor of Forensic Pathology, University of Maryland, School of Medicine.

Participants: **G. C. A. Anderson, Esq.,** Baltimore, Maryland.

Attorney for Medical and Chirurgical Faculty, Past President of Baltimore City and Maryland State Bar Associations.

William D. Macmillan, Sr., Esq., Baltimore, Maryland.

Past President of Baltimore City Bar Association.

The panel will discuss the alarming increase in malpractice cases in recent years both Nationwide and in Maryland. It will summarize statistical data collected by the American Medical Association with reference to malpractice actions; a similar breakdown will be made with reference to malpractice in Maryland. It will define malpractice and the legal rules determining what a plaintiff must prove in order to recover a judgment against a doctor. There will be a short discussion of what is known as assault, informed consent and warranties in malpractice actions.

There will be a review of cases decided by the Court of Appeals of Maryland involving malpractice actions against doctors. This will provide a discussion of the nature and extent of the duty of the doctor to the patient imposed by law, also the degree of care required, the legal effect of the occurrence of injury to the plaintiff, or unfavorable result obtained, the legal presumptions applicable, as far as the legal relationship, between the doctor and assistants, interns, nurses and hospital personnel. Reference will be made to various instances which have given rise to claims of malpractice.

Thursday, April 27, 1961

Morning Session, The Alcazar

(Main Entrance on Cathedral Street)

Edmond J. McDonnell, M.D., *Vice-President,* Presiding

9:00 VISIT THE EXHIBITS.

9:15 ELECTION OF THE BOARD OF MEDICAL EXAMINERS. (The Alcazar.)

Members of the Board are elected by the general membership of the Faculty. All members in good standing are eligible to vote.

9:30 MANAGEMENT OF CONGESTIVE HEART FAILURE: With Special Emphasis on the Rational Use of Diuretics. A Panel Discussion. (Illustrated)

T. S. Danowski, M.D., Pittsburgh, Pennsylvania. *Moderator.*

Professor of Research Medicine, University of Pittsburgh School of Medicine.

John H. Moyer, M.D., Philadelphia, Pennsylvania.

Professor of Medicine and Chairman of Department of Internal Medicine, Hahnemann Medical College.

John C. Stauffer, M.D., Hagerstown, Maryland.

Research Assistant Professor in Department of Surgery (Cardiopulmonary), Instructor in Endocrinology, University of Maryland School of Medicine.

It has long been recognized that the excretion of administered sodium is decreased in congestive failure. Glomerular filtration and tubular reabsorption also play a role. Whether this is mediated directly through the changes in renal hemodynamics, or through rises in salt-absorbing steroids or other substances, or via increases in intra-abdominal or renal vein pressures, is unsettled. It would appear that the abnormal conservation of sodium by the kidney in congestive heart failure is the result of a disturbance in the volume-regulating mechanism of the body and that multiple receptors and effector paths may be involved. The availability of potent diuretics has greatly simplified the delivery of edema in congestive heart failure. These will be discussed in detail in the course of this morning.

Diuretics block the tubular reabsorption of salt in the kidney, resulting in an increase in the excretion of salt and water. Many diseases are associated with salt and water retention, which produce a whole series of clinical symptoms. This is particularly marked in patients with heart failure. The process is reversed and symptoms are relieved when diuretics are given. Although symptoms are relieved, this form of therapy is symptomatic only, and when specific curative therapy is available, this should be used. Unfortunately, most patients cannot be cured, and prolonged symptomatic therapy with digitalis and diuretics is necessary. Therefore, the specific pharmacodynamics of diuretics must be understood if they are to be used with maximum efficiency. Some of the more important known specific qualities of the diuretics will be reviewed.

11:00 MEDICAL ACTIVITIES WITHIN THE DEPARTMENT OF DEFENSE. (Illus-

trated) I. Ridgeway Trimble Fund Lecture.
Frank B. Berry, M.D., Washington, D. C.
Assistant Secretary of Defense for Health and Medical Affairs.

This talk will particularly discuss personnel problems in the medical and dental field; the MEND program in the medical schools; liaison activities with other agencies; particularly about the Interdepartmental Committee on Nutrition for National Defense and its work in the various countries all over the world; and some of the research with which this office is concerned, particularly the field research, as well as relationship with the Office of Research and Engineering in the Department of Defense.

12:00 VISIT THE EXHIBITS.

Thursday, April 27, 1961

ROUND TABLE LUNCHEON

The Gold and Washington Rooms, Park Plaza Hotel
Charles and Madison Streets

12:30 P.M.

1. Chronic Respiratory Diseases
Warde B. Allan, M.D.
2. Atherosclerosis.....**Benjamin M. Baker, M.D.**
3. Esophageal Hiatus Hernias.**Alfred Blalock, M.D.**
4. Drugs and the Infant..**J. Edmund Bradley, M.D.**
5. Emotional Problems in Medical Practice
Eugene B. Brody, M.D.
6. Disorders of the Blood.**C. Lockard Conley, M.D.**
7. Radical versus Simple Mastectomy for Carcinoma.....**Warfield M. Firor, M.D.**
8. Urinary Tract Infections in Young Girls
Hugh J. Jewett, M.D.
9. Gold Therapy in Rheumatoid Arthritis
Harry F. Klinefelter, Jr., M.D.
10. Coronary Artery Disease—A Pharmacologic Approach.....**John C. Krantz, Jr., Ph.D.**
11. Clinical Diagnoses of Many Diseases that Have No Laboratory Findings..**Louis Krause, M.D.**
12. Methods of Providing Continuous Patient Care in Hospitals without Resident Staffs
William B. Long, M.D.
13. Fluid Balance and Value of Blood Volume Studies in the Seriously Ill Patient
Arlie R. Mansberger, Jr., M.D.
14. Medical and Surgical Management of Glaucoma
A. Edward Maumenee, M.D.
15. Management of Viral Infections
Fred R. McCrumb, M.D.
16. A Doctor Looks at Blue Cross/Blue Shield
Karl F. Mech, M.D.
17. Chronic Diarrhea....**Albert I. Mendeloff, M.D.**
18. Fall Out.....**Russell H. Morgan, M.D.**
19. The Diagnosis and Treatment of Parathyroid Tumors.....**William F. Rienhoff, Jr., M.D.**
20. Hazards of Obstetrical Anesthesia
John E. Savage, M.D.
21. The Connective Tissue and Auto-Immune Diseases.....**Lawrence E. Shulman, M.D.**
22. Carcinoma of the Cervix
Richard W. TeLinde, M.D.
23. Clinical Aspects and Diagnosis of Myocarditis and Benign Pericarditis
Theodore E. Woodward, M.D.
24. Amputation and Prosthesis Evaluation
George H. Yeager, M.D. and **Paul F. Richardson, M.D.**

Thursday, April 27, 1961

Afternoon Session, The Alcazar

(Main Entrance on Cathedral Street)

Howard F. Kinnamon, M.D., *President-Elect,* Presiding

2:00 VISIT THE EXHIBITS.

2:15 STAY ALIVE.
Perry S. MacNeal, M.D., Philadelphia, Pennsylvania.

Physician to the Benjamin Franklin Clinic of the Pennsylvania Hospital and Associate Professor of Clinical Medicine, University of Pennsylvania School of Medicine.

This paper will cover some suggestions by which the busy professional person may help to conserve his physical, intellectual, emotional, and spiritual assets as he approaches maturity.

3:00 VISIT THE EXHIBITS.

3:15 USE OF RADIOISOTOPES IN MEDICAL DIAGNOSIS. (Illustrated) Harvey Grant Beck Memorial Lecture.
Merrill A. Bender, M.D., Buffalo, New York.

Chief, Department of Nuclear Medicine, Roswell Park Memorial Institute.

4:00 VISIT THE EXHIBITS.

4:15 PROBLEMS IN THE MANAGEMENT OF OBESITY. A Panel Discussion. (Illustrated)

Thomas B. Connor, M.D., Baltimore. *Moderator.*

Associate Professor of Medicine and Head of Division of Endocrinology and Metabolism, University of Maryland School of Medicine.

Eloise R. Trescher, B.S., Baltimore.
Nutrition Consultant.

Russell R. Monroe, M.D., Baltimore.
Professor of Psychiatry, University of Maryland School of Medicine.

A brief discussion of the physiologic and psychologic factors important in the genesis of obesity will be presented. A program for the management of obesity will be outlined emphasizing the multiple problems involved. Question and answer period will follow.

5:15 VISIT THE EXHIBITS.

Thursday Evening, April 27, 1961

Sheraton Belvedere Hotel, Charles and Chase Streets

6:15 SOCIAL HOUR. Jubilee Room.
Those attending the Presidential Dinner are invited.

7:15 PRESIDENTIAL DINNER.* Charles Room.
Members are urged to bring their wives and guests to the dinner, and a cordial invitation is extended to all to attend the general meeting immediately following.

General Meeting

Charles Room, Sheraton Belvedere Hotel
8:30 P.M.

Whitmer B. Firor, M.D., *President,* Presiding

EVERYONE is invited to attend this meeting.

1. Invocation. **T. Guthrie Speers, D.D., LL.D.,** Chaplain, Goucher College, Baltimore.
2. Introduction of **Mrs. William S. Stone,** President, Woman's Auxiliary to the Medical and Chirurgical Faculty.
3. Presidential Address. The Challenge to American Medicine in the Twentieth Century. **Whitmer B. Firor, M.D.**
4. PRESIDENTIAL POSTSCRIPTS. **Dr. Malcolm C. Moos,** Professor of Political Science at The Johns Hopkins University and Administrative Assistant to former President Dwight D. Eisenhower.

*Dinner, $6.50 per person. Reservations, accompanied by check, must be made prior to Friday, April 21, 1961. Dress optional.

Friday, April 28, 1961

Morning Session, The Alcazar

(Main Entrance on Cathedral Street)

Harold B. Plummer, M.D., *Vice-President,* Presiding

9:00 VISIT THE EXHIBITS.

9:30 ENDOCRINE THERAPY FOR GYNECOLOGIC DISORDERS. (Illustrated)

Allan C. Barnes, M.D., Baltimore.
Professor and Chairman, Department of Gynecology and Obstetrics, The Johns Hopkins University School of Medicine; Gynecologist-Obstetrician-in-Chief, The Johns Hopkins Hospital.

A review of the steroid products which are currently available, together with a consideration of those conditions encountered in Gynecology where steroids are indicated.

10:15 VISIT THE EXHIBITS.

10:30 THE PUBLIC IMAGE OF MEDICINE. A Panel Discussion. (Illustrated)

William S. Stone, M.D., Baltimore. *Moderator.*

Dean, University of Maryland School of Medicine.

Richard O. Cannon, M.D., Nashville, Tennessee.

Director, Vanderbilt University Hospital.

Russell B. Roth, M.D., Erie, Pennsylvania.
Attending Urologist, St. Vincent Hospital; Member of Council on Medical Service, American Medical Association.

Medicine like all disciplines of human endeavor is judged by its accomplishments and its service to mankind. The best measurement of public esteem is public

support of health programs and recognition of medical accomplishments, not fluctuations in public expression as gained from newspapers and periodicals in discussing local or controversial issues. The public is more and more aware of how much physicians have contributed to human happiness by improved health for the individual. It is demanding that medical progress be made and that the physician maintain the role so beautifully stated by Robert Louis Stevenson: "Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are more important, Heraclean cheerfulness and courage. So it is that he brings air and cheer into the sick room and often enough, though not so often as he wishes, brings healing."

Included will be a slide lecture of cartoons about doctors and hospitals with accompanying patter. This has been prepared by Dr. Roth, who has devoted a number of years to "research" in the field of medical public relations, with particular attention to what goes on in the patient's mind as related to the molding of attitudes toward doctors and hospitals. Ranging over the fields of fees, insurance coverage, and the importance of the little things in daily practice, this analysis of our problems is as interesting as it is unusual.

Dr. Cannon's presentation concerns certain principles and recommendations which can be used by members of the medical profession in their community as guides to serve as the basis for improved cooperation and understanding in relationships with their hospital.

Friday Afternoon, April 28, 1961

There will be no Scientific Session on Friday afternoon. Members are invited to attend the Meeting of the House of Delegates at the Faculty Building, 1211 Cathedral Street, at 2:00 p.m.

TECHNICAL EXHIBITORS

The excellent representation of technical exhibitors listed on the following pages is an important and valuable part of the Annual Meeting. These prominent firms will present approved products and services of scientific interest. REGISTER AT THE EXHIBITORS BOOTHS!

The technical exhibits will be open
Wednesday, April 26..10:00 A.M. to 5:00 P.M.
Thursday, April 27.... 9:00 A.M. to 5:30 P.M.
Friday, April 28..... 9:00 A.M. to 1:00 P.M.

Our thanks are extended to Hynson, Westcott & Dunning, Inc., who have kindly contributed to our Annual Meeting, although they will not have an exhibit.

We wish to express our appreciation to the Coca-Cola Bottling Company of Baltimore, the Seven-Up Bottling Company of Baltimore, and the Pepsi-Cola Bottling Company of Baltimore, for serving soft drinks to those attending the Meeting.

SUBCOMMITTEE ON EXHIBITS

J. Douglas Lockard, M.D., *Chairman,* Baltimore
Houston S. Everett, M.D., Baltimore
Michael I. O'Connor, Baltimore
Thomas G. Wright, Baltimore

TECHNICAL EXHIBITORS

Booth Number

42—Abbott Laboratories
61—A. S. Aloe Company
18—Armour Pharmaceutical Company
13—Astra Pharmaceutical Products, Inc.
8—Rudy Bindi—Orthopedic Braces
20—The Borden Company
59—Brayten Pharmaceutical Company
3—A. J. Buck & Son, Inc.
11—Carnation Company
60—The Chloraseptic Company
37—Ciba Pharmaceutical Products, Inc.
53—Herbert Cox, Correct Shoes
36—Desitin Chemical Company
54—The Dietene Company
15—Doho Chemical Corporation
45—Eaton Laboratories
10—Federated Bookkeeping Services, Inc.
33—Geigy Pharmaceuticals
43—Gerber Products Company
51—Graymar Company
21—Hoffman Surgical Supply Co., Inc.
50—Lederle Laboratories
47—Eli Lilly and Company
16—Maryland Blue Cross-Blue Shield Plans
35—Maryland Pharmaceutical Association
58—Mead Johnson & Company
52—Medco Products Company, Alan G. Day
25—Merck Sharp & Dohme
49—Murray Baumgartner Surgical Instrument Co., Inc.
31—The National Drug Company
30—Organon Inc.
39—Ortho Pharmaceutical Corporation
24—Parke, Davis & Company

Technical Exhibitors, Continued

Booth Number

38—Pfizer Laboratories
46—Wm. P. Poythress & Co., Inc.
6—Professional Management Co.
12—Quaker City Pharmacal Company
56—A. H. Robins Company, Inc.
32—Roche Laboratories
44—William H. Rorer, Inc.
7—Ross Laboratories—Similac
4—Sanborn Company
26—Sandoz Pharmaceuticals
2—W. B. Saunders Company
55—Schering Corporation
41—G. D. Searle & Co.
27—Smith Kline & French Laboratories
28—E. R. Squibb & Sons
1—St. Paul Fire and Marine Insurance Company
29—The Stuart Company
9—Sun Life Assurance Co. of Canada, Professional Programming
5—Raymond K. Tongue Company, Inc.
34—U. S. Vitamin & Pharmaceutical Corporation
48—The Upjohn Company
14—VanPelt & Brown, Inc.
17—Walker Laboratories, Inc.
22—The William A. Webster Company
40—Westwood Pharmaceuticals
57—The Williams & Wilkins Company

* * * * * * * * *

Representative of Railway Express Agency, Mr. E. R. Redding, will be available for information during the Meeting.

SCIENTIFIC EXHIBITS

Blue Room, The Alcazar

COMPLETE CORRECTION OF HYPOSPADIAS

The University of Maryland School of Medicine
Howard B. Mays, M.D.

The methods of correction of various degrees of hypospadias are of interest not only to the surgeon, but also to the non-surgical physician who must advise concerning the need for surgical correction and the age when the best results may be obtained. The improvement of surgical techniques may now provide a more normal appearance and function. Since the methods represented utilize preputial tissue there is ample illustration why the author's recommendation of no circumcision in all cases of hypospadias has become generally accepted.

SELECTED CLINICAL STUDIES OF THE NATIONAL INSTITUTES OF HEALTH

Divided into three segments, this exhibit displays some of the current clinical studies of the National Cancer Institute, the National Institute of Arthritis and Metabolic Diseases, and the National Institute of Neurological Diseases and Blindness, wherein referral of patients by the practicing profession is particularly invited.

THE DISABILITY DECISION

Social Security Administration
Department of Health, Education, and Welfare

This exhibit is designed to give physicians a quick insight into the role in providing medical evidence for patients who file applications for social security disability benefits. It shows the kind of medical facts a physician's report should include for the administrative agency to reach a prompt and equitable decision of disability.

MEDICAL RADIOISOTOPE SCANNING

The Johns Hopkins University School of Medicine
Henry N. Wagner, Jr., M.D., John G. McAfee, M.D.
and James M. Mozley, M.D.

Radioisotope scanning is the visualization of an internal organ by determining the spatial distribution of a radioisotope within the body. The photoscanner developed at The Johns Hopkins Hospital is used routinely for numerous diagnostic procedures—for the delineation of brain tumors, the thyroid, liver, kidneys, spleen and mediastinal vascular structures.

CIVIL DEFENSE EMERGENCY HOSPITAL MODEL

Sponsored by Woman's Auxiliary to Medical and Chirurgical Faculty

This is a scale model of the Civil Defense Emergency Hospitals that are stored and positioned in strategic areas throughout the Nation, ready to be set up in schools or similar buildings in the event of a major disaster. These units are 200-bed crated hospitals—complete with blankets, pillows, sheets, etc., and with enough basic equipment to operate a hospital facility.

The entire hospital is packaged in 365 crates and the items range from a 1900 lb. 15K electric generator and a quick reading X-Ray unit down to bed pans, pitchers, towels, and infusion stands. Five operating tables are provided along with sterilizers, lamps, anesthesia equipment, laboratory, pharmacy and a central supply which contains enough expandable surgical and medical supplies to last for 36 to 48 hours of Casualty Care. This exhibit shows the hospital uncrated, assembled, and ready to receive casualties.

WOMAN'S AUXILIARY TO THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

TWELFTH ANNUAL CONVENTION

PROGRAM

APRIL 26 and 27, 1961

Headquarters

Sheraton Belvedere Hotel, Charles and Chase Streets

Baltimore

Wednesday, April 26, 1961

Red Room, Second Floor

Mrs. William S. Stone, *President,* Presiding

A.M.

9:30 Registration. **Mrs. D. Delmas Caples,** *Chairman.*

Coffee Hour. **Mrs. Ross Z. Pierpont,** *Chairman.*

10:00 General Session.*

Collect and Pledge of Loyalty. **Mrs. Norman Oliver,** *President-Elect.*

Roll Call of Delegates. **Mrs. Roy K. Skipton,** *Recording Secretary.*

Welcome from Medical and Chirurgical Faculty. **William E. Grose, M.D.,** *Chairman,* Committee on Scientific Work and Arrangements.

Response. **Mrs. Albert E. Goldstein.**

Introduction of Honored Guests.

Presentation of Convention Chairman. **Mrs. Charles H. Williams.**

Presentation of Timekeeper. **Mrs. Robert W. Garis.**

Reports of Officers.

Recording Secretary. **Mrs. Roy K. Skipton.**

Corresponding Secretary. **Mrs. John L. Grow.**

Treasurer. **Mrs. Emil G. Bauersfeld.**

Reports of Components.

Baltimore City. **Mrs. Raymond V. Rangle.**

Baltimore County. **Mrs. Walter M. Hammett.**

Carroll County. **Mrs. Julius Chepko.**

Montgomery County. **Mrs. George R. Spence.**

Prince George's County. **Mrs. John W. Perkins.**

Allegany-Garrett County. **Mrs. Thomas F. Lewis.**

Washington County. **Mrs. Archie R. Cohen.**

Necrology. **Mrs. John G. Ball.**

Solo. **Mrs. David S. Clayman.**

President's Report. **Mrs. William S. Stone.**

Announcements.

Message from Woman's Auxiliary to Southern Medical Association. **Mrs. Roy A. Douglass,** *President-Elect.*

Report of Nomination Committee. **Mrs. E. Roderick Shipley,** *Chairman.*

Election of Officers.

Installation of Officers. **Mrs. William G. Mackersie,** *President,* Woman's Auxiliary to the American Medical Association.

Presentation of Gavel. **Mrs. William S. Stone.**

Acceptance Speech of Newly Elected President. **Mrs. Norman Oliver.**

Adjournment.

12:00

NOON Social Hour. Parlor of Red Room, second floor, Sheraton Belvedere Hotel.

LUNCHEON—12:30 P.M.

Charles Room, First Floor, Sheraton Belvedere Hotel

Reservations for tickets ($3.50 each) must be in the hands of the Chairman, Mrs. D. Delmas Caples, 38 Chatsworth Avenue, Reisterstown, Maryland, by April 14, 1961. Reservations are limited.

Mrs. William S. Stone, *President,* Presiding

P.M.

12:30 Invocation. **The Reverend Donald Craig Kerr,** Roland Park Presbyterian Church, Baltimore, Maryland.

Presentation of Honored Guests. **Mrs. William S. Stone.**

Greetings from President of Medical and Chirurgical Faculty, **Whitmer B. Firor, M.D.**

Address. **Mrs. William G. Mackersie,** *President,* Woman's Auxiliary to the American Medical Association.

Presentation of President's Pin. **Mrs. William S. Stone.**

Presentation of Past President's Pin. **Mrs. D. Delmas Caples.**

Inaugural Address. **Mrs. Norman Oliver.**

Adjournment

*All wives of physicians, whether or not members of the Woman's Auxiliary, are cordially invited to the general sessions and social functions.

2:00 Fashion Show. Charles Room, Sheraton Belvedere Hotel. By Dorothy Lovell, Ltd.

3:00 Tour of Sherwood Gardens.

Thursday, April 27, 1961
Sheraton Belvedere Hotel

A.M.

9:00 Past-President's Breakfast.

10:00 Post-Convention Board Meeting. Red Room. **Mrs. Norman Oliver,** *President,* Presiding. All doctors' wives invited.

SOCIAL ACTIVITIES—Thursday, April 27

1:30 P.M. to 3:30 P.M. Tour of Baltimore Harbor aboard "Port Welcome." Guests of Maryland Port Authority.

Presidential Dinner and Social Hour, Medical and Chirurgical Faculty. Sheraton Belvedere Hotel. Wives and guests invited.

COMMITTEES: *Convention Chairman,* Mrs. Charles H. Williams; *Tickets and Reservations,* Mrs. D. Delmas Caples; *Hotel Chairman,* Mrs. Roger Windsor; *Fashion Show,* Mrs. Raymond V. Rangle; *Hospitality,* Mrs. Ross Z. Pierpont; *Flowers,* Mrs. Conrad Acton; *Transportation,* Mrs. Walter M. Hammett.

Auxiliary Members: See the detailed program which has been mailed to your home.

LIBRARY COMMITTEE AND FINNEY FUND COMMITTEE

Mr. President and Members of the House of Delegates:

The year of 1960 has been a difficult and trying one, both for the readers and for the staff. The new building, or rather the reality, the remodeling of the old one, has occupied much of our time and attention. Many plans were made before settling on one which was acceptable to the architect and would also relieve the congestion in the library, both for stack space and for working areas. Unfortunately, only a small portion of the suggested changes for the library was put into effect, and a hurried alteration had to be made in the proposed changes which were promulgated on the premise of additional space being provided. As the remodeling was to begin at once and much of our old space was to be used for office and building facilities, we were forced to dispose of our duplicate collection. Some of these were sold, but due to lack of time, the majority were thrown out. Our primary journals before 1900, housed in the other side of the basement from the duplicate collection, had to be moved somewhere, as work was to be begun in that part of the building. As these books needed rebinding very badly, we sent approximately 4,500 volumes to the binders to be bound and held for us till such time as we could find space for them. The books in the upstairs stacks were to be covered for protection, and those needing to be removed to make space for the elevator were to be changed to other spots during the summer. Alas, our books were not provided with protection, and those needing to be taken from the shelves have been piled in any available space, also without protection. In 1961, on our return, money, time, and labor will have to be spent on the cleaning of all books left in the old building, and a complete rearrangement in smaller quarters of all our holdings will have to be made. As the old periodical room will have to be used for a work room, shelves to display our current journals will need to be purchased and installed in the reading room. The move back from temporary quarters at 45 W. Preston Street should be reserved for the last.

Early in July we obtained occupancy of our present temporary quarters, where we have the more important journals from 1940 to date; of the textbooks, from 1950 to date, with a few reference books. This has proved to be a fairly workable collection, but we should like to express our appreciation to the readers for their understanding and patience with a necessarily curtailed service. We have continued to purchase new books, to take displays to County Medical Society meetings, and to give reference service within the years our temporary collection embraces.

The Browsing Room, dedicated to Dr. John Rühräh and containing his non-medical library, was needed for other purposes. These books were given to the Peabody Library, who expressed delight to receive such a fine collection, although on removing the cards from our catalogue, some of the choicest items could not be located.

Mrs. Austrian provided us with a very beautiful bookplate to be used on $1,000.00 worth of books which the Faculty requested the Library to spend as a memorial to her husband, Charles R. Austrian. More than half of this amount has been spent, and many new books carry this very charming plate.

During the summer, more progress was made toward cataloguing and cleaning items for our museum. Where this will be housed has not yet been determined.

Due to the confusion and inaccessibility of our books, the shelflisting of our journals has been in abeyance. This is a most important project and should be finished as soon as possible, as well as the inventory of our textbooks. We have also had to cease the weeding of journals which, for various reasons, take up more space than their use warrants.

Miss King, our librarian, has asked to be retired as

of June 1, 1961. She has notified the Medical Library Association Placement Bureau, as well as a number of medical librarians, of the opening.

Miss King also tells us that her staff has been wonderful in the face of many trying circumstances and has counted not the hours, but the job that had to be done.

This report unfortunately must close on a sad note —that is the retirement of Miss Louise D. C. King, our librarian.

Miss King over the years has been to me the embodiment of the ideals of the library of the Faculty. She has been wholly devoted to the library, its constitution, its aims, its ideals, but more so to its influence on the practice of medicine. Not only has her interest been on the recent medical literature, but also on the ancient literature. The library, in other words, has been her life.

Best wishes go with her, and I am certain her retirement will be physically only as far as the Faculty is concerned, since spiritually she will be with the library as before; and the library will continue recalling her presence.

Statistical Report for the Year 1960

Gifts	Reprints & Misc.	Reports & Pamphlets	Bound Journals	Unbound Journals	Bound Books
Am. Ass'n. of Genito Urinary Surgeons					1
American Ass'n. of Medical Assistants		1			
American Ass'n. of Medical Clinics		1			
American Cancer Society					1
Am. College of Physicians					1
Am. College of Surgeons					1
Am. Heart Ass'n.		1			
Am. Medical Ass'n.					3
Am. Neurological Ass'n.					1
Am. Surgical Ass'n.					1
Am. Urological Ass'n.					1
Ass'n. of Am. Physicians					1
Ayer Clinical Laboratory		1			
Ballard, Margaret B., M.D.	12 Mounted Illus. Hist. of Med.				
Baltimore Dept. of Health		4			
Balt. Dept. Public Welfare		1			
Bartemeier, Leo H., M.D.					3
Baum, G. L.		1			
Bongardt, H. F., M.D.					150
Brantigan, O. C., M.D.				184	
Cereal Institute					1
Chesney, A. M., M.D.		1			
Coll. of Medical Evangelists		1			
Collins, C. E., M.D.					1
Dowd, G. C., M.D.					1
Eastland, J. S., M.D.				19	
Eaton Laboratories		1			
Emerson, Mrs. Anna K.					10
Everett, Houston, M.D.				60	
Feldman, Maurice, M.D.				345	8
Finney, George G., M.D.					1
Fort, Wetherbee, M.D.	Seal, Balt. Gen. Disp.				
Frederick Memorial Hospital		1			
Gaither, Ernest E., M.D.					200
Goldberger, Herman, M.D.				3	48
Group for the Advancement of Psychiatry		5			
Gundry, Rachel K., M.D.				321	
Hamlin, R. H. J.					1
Hynson, Westcott & Dunning				54	
Joint Blood Council		2			
Kayser, F. A., M.D.				483	
Koontz, A. R., M.D.				227	2
Lederle Laboratories Library				17	
Lewison, Edward F., M.D.				66	
Lichtenberg, Joseph D., M.D.	3				
Lejander, W.		1			
Md. (State) Dept. of Health				205	33
Md. (State) Dept. of Mental Hygiene		1			
Md. (State) Planning Comm.		1			1
Massachusetts Heart Ass'n.					1
Mayo Clinic Library				11	
Medical Research Council					4
Miller, Mitchell H., M.D.					91
Montefiore Hosp. Medical Library				17	
Morrison, Theo. H., M.D.					47
Myers, John A., M.D.				125	
National Committee on Maternal Health		1			
National Foundation for Infantile Paralysis					2
National Institutes of Health		1			1
National Kidney Diseases Foundation		1			
National Library of Medicine		4			2
N. Y. State Veterinary College Library				3	
Northwestern University		1			
Obrig Laboratories					1
Parke, Davis & Co.	1 Set of Illus. Hist. of Med.				
Pergamon Press					1
Pierpont, Ross E., M.D.				37	
Pincoffs, Maurice C., M.D.		1			
Purdue University Pharmacy Library					3
Review Copies, Md. State Medical Journal					65
Ross Laboratories		2			
Royal College of Physicians					1
Royal Netherlands Tuberculosis Ass'n.					1
St. Louis Medical Society		1			
Schaffer, Alexander J., M.D.					1
Schering Corp.		1			
Searle Research Laboratories					1
Shealy, W. H., M.D.				131	

Gifts	Reprints & Misc.	Reports & Pamphlets	Bound Journals	Unbound Journals	Bound Books
Shipley, E. R., M.D.	63 Photos. of Phys.				244
Sheppard Pratt Hospital Library				985	
Societa Italiana di Ortopedia					6
Southern Surgical Ass'n.					1
Steiner, Miss Amy L.		7			4
Styrt, Jerome, M.D.					26
Trimble, I. R., M.D.				39	
Tuberculosis Research Council		1			
Ullman, S. B., M.D.					1
Union Memorial Hospital		1			
U.S. Armed Forces Institute of Pathology					1
U.S. Congress: Senate		1			1
U.S. Dept. of Commerce					2
U.S. National Institutes of Health		1			10
U.S. Public Health Service		7			
U.S. Veterans Administration, Ft. Howard Library (Md.)			639		
U.S. Veterans Administration Med. Library (Boston)				11	
University of California	1				
University of Kentucky Medical Center Library				52	
University of Maryland Health Services Library	1 Book Truck				
University of Miami					1
University of Texas		1			
Unknown (left without name)			15	324	
Wells, George E., M.D.					8
Wells, Gibson J., M.D.				108	
Wharton, Lawrence R., M.D.				63	
Williams, Charles H., M.D.				45	
Williams & Wilkins Co.				3,071	
Wollenweber, H. L., M.D.			22		
Wu, Mrs. Hsien (N.Y.)					1
Total	4 & 83	56	879	6,556	738

Special appreciation should be expressed to the Ft. Howard Library, Miss Steiner, Dr. Finney and Dr. Shipley. The enormous quantity of unusual issues of journals given by Williams & Wilkins Co. are always a great addition to our collection.

Circulation

Bound Journals	1,254
Unbound back issues	188
Textbooks	891
Current Journals	365
Total	2,698

(Of these 362 were loaned to other libraries and 329 to County Members.)

Library Holdings

Total volumes as of December 31, 1959	83,207
Accessioned and added in 1960	1,855
Total volumes in Library December 31, 1960	85,062

Binding

Number of volumes bound	611
Cost of binding	$2,350

Attendance

Actual registration of those who remained in Library 1,114

Courtesy Cards

Interns, Students, Doctors' secretaries, et al. 29

The above statistics are encouraging, considering the circumstances. We have had to turn down many requests for material which was in the library but not available.

Respectfully submitted,

Library Committee

LOUIS KRAUSE, M.D., *Chairman* ... 1961
A. AUSTIN PEARRE, M.D. ... 1962
J. ROY GUYTHER, M.D. ... 1963
FREDERICK J. VOLLMER, M.D. ... 1964
LESTER A. WALL, JR., M.D. ... 1965
JOSEPH E. MEDINA, D.D.S. ... 1966

Finney Fund Committee

GEORGE G. FINNEY, M.D., *Senior Member* ... 1961
RICHARD G. COBLENTZ, M.D. ... 1962
RICHARD T. SHACKELFORD, M.D. ... 1963
HARRY CLAY HULL, M.D. ... 1964
HENRY J. L. MARRIOTT, M.D. ... 1965

CURATOR

Mr. President and Members of the House of Delegates:

As the membership knows, conditions at 1211 Cathedral Street for many months have not been suitable for the type of work necessary in establishing a museum. Nevertheless, some work has been accomplished since the report of a year ago. Many objects have been marked, indexed, and cross indexed. Small articles have been wrapped in dust proof wrappings. Dust and confusion forced cessation of work in September, to be resumed when conditions permit.

The museum does not possess an elaborate amount of material and would not necessitate assignment of a great deal of space. It is hoped it may be suitably accommodated.

Respectfully submitted,
WALTER D. WISE, M.D.

MARYLAND STATE MEDICAL JOURNAL, EDITOR

Mr. President and Members of the House of Delegates:

An informal survey indicates that the Maryland State Medical Journal is being more widely read and is of increasing interest to the membership of the Faculty. A contributing factor might be the eyecatching use of color and more attractive page design, which invite readership.

The greater abundance of manuscripts makes possible more critical selection of those accepted for publication. This plus more thorough editing of all articles adds to the clarity and readability of the material published.

Two new features have been added: a monthly page by the Maryland Radiological Society and a Clinical Pathological Conference.

The Journal's advertising revenue continues to increase and is enough to meet its expenses.

The change of printer, made in 1960, has proved to be most satisfactory. The anticipated saving in printing costs has been offset by the additional use of color and engravings and varied format; however, better service, more cooperation, and a more attractive publication are positive results of the change.

Since the Journal has increased in size and value, as well as in publishing costs, a rate increase will

become effective in January 1962. Based on a survey of subscription prices of other medical journals, the yearly subscription rate will become $5.00 and the single copy price 75 cents. The present rate of $3.00 a year and 50 cents a single copy has prevailed since 1952.

Respectfully submitted,
GEORGE H. YEAGER, M.D., *Editor*
Editorial Board
HUGH J. JEWETT, M.D.
WILLIAM B. LONG, M.D.
EPHRAIM T. LISANSKY, M.D.
EDWARD C. H. SCHMIDT, M.D.
HOWARD M. BUBERT, M.D.
AMOS R. KOONTZ, M.D.
MR. JOHN SARGEANT

EXECUTIVE SECRETARY

Mr. President and Members of the House of Delegates:

The 1961 Annual Meeting marks the conclusion of the third year of my employment as Executive Secretary of the Medical and Chirurgical Faculty of the State of Maryland. These three years have been among the most rewarding in my life. I have enjoyed the personal contact on a component society level with the many physicians practicing in Maryland. These contacts have proved immensely stimulating.

Nearly every component society has had a visit from the Executive Secretary during this year and has been able to become better aware of Faculty activities and aims and objectives. In all cases, I have been received with warmth and graciousness throughout the state.

The most time-consuming job this year has been the Faculty's renovation program. Not only have innumerable decisions had to be made on the spot, but working conditions for the entire staff have been most difficult.

Committee activity has set a new high during the year, not only in number of meetings but in the hours which they met. The Blue Cross/Blue Shield Legislative Study Committee met until 3:30 a.m. one morning, and instances of committee meetings lasting until after midnight are not rare. This indicates the vital and interesting fact that the practicing physician is concerned with his Society's affairs and is interested enough to participate actively.

I will not repeat the accomplishments that have been enumerated in the various committee reports, but suffice to say that the implementation of these recommendations, suggestions, and activities required countless man-hours of work on the part of the Faculty staff.

This report would not be complete without making reference to the staff, all of whom have played a large part in making the Faculty function as efficiently as it is.

Respectfully submitted,
JOHN SARGEANT, *Executive Secretary*

MARYLAND BLUE CROSS AND BLUE SHIELD

Mr. President and Members of the House of Delegates:

The past year saw the attainment of new levels of growth of the Maryland Blue Cross-Blue Shield Plan, as well as further expansion of the Plan's services to subscribers.

Together, Blue Cross-Blue Shield in 1960 returned to subscribers, in the form of benefits, 93.8 per cent of total subscription income—a record unapproached by ordinary health care programs.

The Maryland Blue Cross Plan provided subscribers with $30,493,000 in hospital care benefits; and Blue Shield provided $8,123,000 in medical, surgical, and obstetrical benefits in 1960, or a combined total of more than $38,600,000. This is approximately $4,300,000 more than in 1959, with more than $1,000,000 of this amount representing increased Blue Shield benefits. Since its founding in 1937, the Maryland Blue Cross Plan has provided $202,700,000 in benefits to subscribers; Blue Shield has provided more than $36,600,000 since that Plan was formed in 1950.

More than 209,000 Blue Cross subscribers received benefits in 1960, approximately the same number as the year before. Blue Shield benefits were received by 131,000 subscribers, about 15,000 more than in 1959.

The year 1960 witnessed a slow but steady increase in utilization in all categories of services covered by Blue Shield, with the most noticeable upswing being in those services provided in physicians' offices. The percentages of increase in incidence (1960 over 1959) for the major categories of Blue Shield benefits were: surgical (inpatient), 0.9 per cent; surgical (office), 12.1 per cent; medical, 3.3 per cent; obstetrical, 20.1 per cent; ancillary services, 3.3 per cent.

Maryland Blue Shield enrollment increased by 58,000 in 1960, reaching a new record of 644,000. More than 62 per cent of all Blue Cross subscribers now carry Blue Shield, as compared with 58 per cent at the end of 1959. The shift in enrollment from Blue Shield Plan A to the higher level Plan B program continued during 1960, with the latter now accounting for 25 per cent of total Blue Shield membership against about 12 per cent a year ago.

Maryland Blue Cross enrollment stood at 1,037,000 at the end of 1960, a small loss (5,600 subscribers) for the year, due primarily to the transfer of many Federal employees formerly covered by the Maryland Plan to the District of Columbia Plan under the provisions of the recently enacted Federal Employees Health Benefit Program.

Subscription income received by the Maryland Blue Cross Plan in 1960 amounted to $32,279,000. Operating expenses amounted to $1,466,000 or 4.5 per cent of subscription income, a new low in operating expense ratios for this Plan. Blue Shield subscription income totaled $8,969,000, while its operating expenses amounted to $841,000, or 9.4 per cent of subscription income, slightly below the ratio of the previous year. For both Blue Cross and Blue Shield, 1960 operating expense ratios were below the average of all such Plans throughout the country.

The continuing rise in hospital care costs and continuing frequency of utilization of Blue Shield benefits made increases in the rates of both programs necessary last year. With these increases, however, came important expansions in benefits of the programs. While both Blue Cross and Blue Shield operated on a deficit basis for the first nine months of 1960, the rate adjustments authorized by the Insurance Department enabled both Plans to operate in the black during the balance of the year.

In other developments last year, Blue Cross introduced a new lower cost deductible coverage as an alter-

nate to its standard program. All Blue Cross standard groups and non-group subscribers have been offered this new program. An important market for this new coverage exists among companies and individuals not presently carrying any other Blue Cross coverage, and sale of the deductible coverage is being promoted especially in this area.

A significant Blue Cross development last year was the expansion of the Blue Cross Board of Trustees to 33 members, with a majority being public representatives.

Rising health care costs continue to be a matter of foremost concern to Blue Cross-Blue Shield (as they are to all other health care programs) and are receiving the Plans' closest attention. The past year witnessed the development of a number of major efforts to clarify the care cost picture and to promote increased economy and effectiveness in the provision as well as the coverage of health care services by Blue Cross-Blue Shield. Among these is the Hospital Cost Analysis Service, an organization which is making independent studies of hospital costs throughout Maryland for both Blue Cross and the State Health Department. Another is the program recently developed jointly by Blue Cross, the Medical and Chirurgical Faculty, and the Hospital Council to eliminate instances in which Blue Cross benefits might be subject to misuse. Further, with the approval of the Insurance Department, Blue Cross-Blue Shield has added to the coverage of some special groups benefits for certain diagnostic tests performed in physicians' offices and hospital outpatient departments. This effort, being conducted on a somewhat experimental basis, is expected to provide an opportunity to determine what effect the addition of these benefits may have in reducing the utilization of hospital inpatient facilities.

Respectfully submitted,

MR. R. H. DABNEY, *Executive Director*

MARYLAND MEDICAL SERVICE, INC., BOARD OF TRUSTEES

Mr. President and Members of the House of Delegates:

As in previous years, Maryland Blue Shield experienced significant gains in all phases of its operations during 1960. Not only did enrollment reach a new high, but so did the amount paid out for medical care, the number of subscribers who received such care, and the actual number of claims paid.

At the end of the year total Blue Shield membership in Maryland stood at 644,109 representing a net increase of 58,827 or 9.1 per cent during the year. Of this total, the Standard Program (Plans A and B) accounted for 441,594 members, the "Steel" Program comprised 123,396, and the Federal Employees Program, 79,119. During the year there was a continuation of the previous year's pattern of shifting from Plan A to Plan B on the part of subscribers and, in addition, most of the new group contracts sold during the year purchased the higher level Blue Shield coverage. About 80 per cent of the Federal employees, who had individual choice between high and low levels of benefits, chose the higher level which embraces our Plan B Fee Schedule. Including the Federal Employees Program, Plan B enrollment stood at approximately 131,500 at the end of the year, or about 25 per cent of all subscribers whose benefits are under the Standard Plan A or B Fee Schedules. At the end of 1959, Plan B membership accounted for about 12.3 per cent of total Standard enrollment. The actual rate of increase in Plan B enrollment during the year, including the Federal Employees, was 131 per cent. At year's end, total Blue Shield membership was 62 per cent of that of its companion Blue Cross Plan, as compared to 58 per cent at the beginning of the year.

The Plan operated essentially on a "break-even" basis for the year as far as its underwriting experience was concerned. A net gain of slightly over $50,000 for the year was due principally to interest income and appreciation in value of the Plan's investments. This financial experience was about as expected, since the operating loss experienced in the previous eighteen months continued well into 1960, not being abated until after the new subscription charges became effective on October first. It will be recalled that the Insurance Department approved increases in the rates for both Plan A and Plan B effective that date. The average increase in the Plan A subscription charges was 33.4 per cent with 13.3 per cent for Plan B. Included in these rate increases were provisions for new benefits under Plan A to raise its scope of service to exactly the same level of Plan B, as well as several minor upward adjustments in specific benefits in both Fee Schedules. The report of the treasurer will go into considerably more detail as to the financial operations of the Plan during the year.

During 1960, Blue Shield paid a grand total of 189,238 separate services, as compared to 168,401 the previous year. Translating this 16.8 per cent increase in services into dollars, Blue Shield used $8,123,456 to provide benefits for its members during the year. This was an increase of 14.1 per cent over the comparable figure of $7,115,446 for 1959. During the year a total of 125,776 subscribers received benefits under the various Blue Shield programs in operation, a 12.7 per cent increase over the previous year's 111,600.

Both the need for increased rates and the reason for deficit operations during the first three-quarters of the year are readily apparent when one compares the percentages of increase in the total number of services paid (16.8 per cent) and the number of subscribers who received care (12.7 per cent) with the 9.1 per cent increase registered in membership during the year.

As has been pointed out in the monthly reports from the Executive Director, there has been a slow but steady increase in utilization in all categories of services, with the most noticeable upswing being in those services provided in physician's offices. The percentages of increase in incidence (1960 over 1959) for the major categories of Blue Shield benefits were:

Surgical	
Inpatient	1.35%
Outpatient	0.9%
Office	12.1%
Medical	3.3%
Obstetrical	0.1%
Ancillary	3.3%

As it has done since 1956, Blue Shield continued to act as fiscal agent for the Medicare Program in Maryland during the past year. The operations of this program are the subject of a detailed report to the Medical and Chirurgical Faculty by Dr. Wilson L. Grubb, Chairman of the Society's Advisory Committee for Medicare. In brief, however, Maryland Blue Shield under the Medicare program in 1960 made 3,179 payments to physicians in the State, amounting to a total of $255,430. The Plan was reimbursed by the Federal Government for this expenditure plus an administrative fee.

During the year the staff continued its activity in the field of professional relations. Centered heavily in per-

sonal visits to physicians' offices all over the State, it is felt that this program continues to be successful in making available to physicians and their office assistants details of the Plan's operations and policies which they might not otherwise receive. More and more the staff is called upon by doctors to send someone to their offices to assist in the indoctrination of new assistants, and such opportunities are welcomed. During the year, 836 physicians' offices were visited by our representatives. In addition, various members of the staff had the opportunity to appear at medical society meetings, office assistants' meetings, or hospital staff meetings. Through the direct mailing of information pertinent to the operations of Blue Shield, and the "Physicians Newsletter" produced by our Public Relations Department, additional valuable contacts with physicians were established and maintained. By the end of the year, there were 2,850 participating physicians in the Plan, as compared to 2,700 just a year ago. As nearly as can be determined, something over 95 per cent of the actively practicing physicians in the state participate in the Plan.

I would like to take this opportunity to extend my personal thanks, as well as those of the staff, to all the members of the Board of Trustees who have given so much time, and contributed so willingly of their experience during the year. The Medical Relations Committee and the Reference and Appeals Committee (the latter having been principally used on a panel basis) have also contributed greatly to the successful operation of the Plan. Our Medical Director, Dr. Karl F. Mech, and his able assistant, Dr. John M. Scott, have rendered invaluable assistance in the day-to-day operations of the Plan, as well as providing expert advice and counsel in many other areas of our planning operations; to them go our special thanks. The excellent staff at Plan headquarters, headed by Mr. Dabney and Mr. Kelly, have had heavy demands placed upon them during the year and have acquitted themselves admirably.

As our Plan continues to grow and becomes an increasingly important factor in the medical economy of our community life, it is apparent that there will be even more exacting demands placed upon its trustees and its staff. Many problems remain to be solved which will require the very best thinking and the interested cooperation of those in the medical profession as well as by those who administer Blue Shield affairs. Particularly in the light of present day conditions, it is apparent that all of our decisions must be made on the premise that the subscribers' interest is of paramount concern.

Respectfully submitted,

JOHN E. SAVAGE, M.D.

REPRESENTATIVES ON ADVISORY COMMITTEE ON ADOPTION OF STATE DEPARTMENT OF WELFARE

Mr. President and Members of the House of Delegates:

This Committee has been active during the past year and has had six meetings. Many phases of adoption have been considered, but there are no recommendations or resolutions to be presented.

The Committee has been made a permanent one.

Respectfully submitted,

WILSON GRUBB, M.D.
D. FRANK KALTREIDER, M.D.

REPRESENTATIVES ON THE MEDICAL ADVISORY COMMITTEE OF THE RED CROSS BLOOD BANK PROGRAM

Mr. President and Members of the House of Delegates:

The Red Cross Blood Bank Program has continued to function efficiently during the past year. Obligations to members and families of enrolled groups were met. In addition, blood was supplied to selected indigent patients. A limited amount of fresh frozen plasma and of fibrinogen was made available for use in Baltimore. Fresh blood, now required in substantial amounts in a number of special situations, has not yet been made available through the Red Cross Blood Bank Program.

Respectfully submitted,
C. LOCKARD CONLEY, M.D.
R ADAMS COWLEY, M.D.
EVERETT S. DIGGS, M.D.
GERALD A. GALVIN, M.D.
President of the Medical and Chirurgical Faculty or his appointee, ex officio member

REPRESENTATIVES ON STATE ADVISORY COMMITTEE ON STAPHYLOCOCCAL DISEASE IN MARYLAND

Mr. President and Members of the House of Delegates:

This Committee was inactive throughout the past year and as such we have no report to submit.

Respectfully submitted,
DANIEL J. PESSAGNO, M.D.
JOHN M. HAWS, M.D.

MEDICAL ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

Mr. President and Members of the House of Delegates:

Since no requests for advice have been brought before the Committee, no formal meetings have been held. Some informal contacts between Mr. R. C. Thompson, State Director, Vocational Rehabilitational Service, and his staff and various members of the Committee are made from time to time, and the Director feels free to ask for help when needed.

Respectfully submitted,
FLORENCE I. MAHONEY, M.D., *Chairman*
DOUGLAS G. CARROLL, JR., M.D.
MAURICE C. PINCOFFS, M.D.
ALBERT I. MENDELOFF, M.D.
CHARLES REIFSCHNEIDER, M.D.
FRANCIS J. BORGES, M.D.
LEROY W. SAUNDERS, M.D.
HOWARD B. MCELWAIN, M.D.

REPORT OF THE ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

(Upon recommendation of Council, in May 1956, the House of Delegates authorized that the Executive Committee of Council be the Advisory Committee to the Woman's Auxiliary.)

Mr. President and Members of the House of Delegates:

During the year, the Auxiliary had very few problems on which it was necessary to ask advice or seek consultation.

Approval was granted to the Auxiliary to accept any favors offered from various drug firms in connection with their meetings.

I am sure the members of the Faculty will join with me in expressing appreciation to the distaff side of the Faculty for its conscientious, hard-working, and loyal devotion to promoting the aims and objectives of medicine.

Respectfully submitted,
CHARLES F. O'DONNELL, M.D., *Chairman*
M. MCKENDREE BOYER, M.D., *Vice-Chairman*
WHITMER B. FIROR, M.D., *President*
HOWARD F. KINNAMON, M.D., *President-elect*
WILLIAM CARL EBELING, M.D., *Secretary*
WETHERBEE FORT, M.D., *Treasurer*

COMMITTEE ON CONSTITUTION AND BYLAWS

Rewritten Bylaws, which include Constitution, were mailed to the officers of the Component Medical Societies and members of the House of Delegates on February 9, 1961.

(See Pages 509 and 515 Minutes)

WILLIAM A. PILLSBURY, JR., M.D., *Chairman*
WALDO B. MOYERS, M.D.
EDWIN H. STEWART, M.D.
J. ARTHUR WEINBERG, M.D.

NOMINATING COMMITTEE

This report is made direct to the House of Delegates and the slate is mailed to every member with the Annual Meeting Program.

(See Page 514 Minutes)

LESLIE E. DAUGHERTY, *Chairman*
DONALD F. BARTLEY, Eastern District
ROBERT VANLIEU CAMPBELL, Western District
RUSSELL S. FISHER, At Large
HENRY P. LAUGHLIN, S. Central District
FRANK K. MORRIS, Central District
CHARLES R. MACDONALD, Southern District

PROFESSIONAL CONDUCT COMMITTEE

Mr. President and Members of the House of Delegates:

This Committee had one meeting with every member being present. Eleven complaints were reviewed, and specific recommendations were unanimously agreed upon by the Committee for each complaint reviewed. Three of these cases were those referred back from the Component Medical Societies to be handled on the State level. One case was referred to the Board of Medical Examiners.

There have been thirty-seven cases received in the Faculty Office which were referred to the Component Medical Societies for handling on the local level.

At the time of making this report there is no uncompleted correspondence and there are no complaints being held for this Committee's successor.

Respectfully submitted,
GEORGE H. YEAGER, M.D., *Chairman* (President in 1955)
WILLIAM H. F. WARTHEN, M.D., (President in 1956)
C. REID EDWARDS, M.D., (President in 1957)
J. SHELDON EASTLAND, M.D., (President in 1958-59)
LESLIE E. DAUGHERTY, M.D., (President in 1959-60)
CHARLES F. O'DONNELL, M.D., (Chairman of Council 1960-61)

PLANNING COMMITTEE

Mr. President and Members of the House of Delegates:

The Committee has not met during the past year, since the last meeting of the House of Delegates. There have been no pressing problems for the Committee to discuss, and to have a meeting just for a meeting's sake would be a waste of time on the part of the members, who are overburdened with meetings.

It is anticipated that the Planning Committee will meet in the near future to lay plans for suggestions to the House of Delegates for action at a later date.

Respectfully submitted,
WILLIAM A. PILLSBURY, JR. M.D., *Chairman*, Baltimore County
Alternate: CHARLES F. O'DONNELL, M.D.
RICHARD D. BAUER, M.D., *Vice-Chairman*, Prince George's County
WHITMER B. FIROR, M.D., *President*
WILLIAM CARL EBELING, M.D., *Secretary*
WETHERBEE FORT, M.D., *Treasurer*
CHARLES F. O'DONNELL, M.D., *Chairman, Council*
M. MCKENDREE BOYER, M.D., *Vice-Chairman, Council*
BENEDICT SKITARELIC, M.D., Allegany-Garrett County
Alternate: MARTIN M. ROTHSTEIN, M.D.
MERTON T. WAITE, M.D., Anne Arundel County
Alternate: RICHARD N. PEELER, M.D.
CONRAD ACTON, M.D., Baltimore City
Alternate: RUSSELL S. FISHER, M.D.
HUGH W. WARD, M.D., Calvert County
EDWIN G. RILEY, M.D., Caroline County
Alternate: DAWSON O. GEORGE, M.D.
MORRELL MASTIN, M.D., Carroll County
Alternate: CHARLES L. BILLINGSLEA, M.D.
H. VINCENT DAVIS, M.D., Cecil County
EDWARD J. EDELEN, M.D., Charles County
Alternate: JOHN H. GRIFFIN, M.D.
GEORGE E. CURRIER, M.D. Dorchester County
Alternate: FREDERICK A. MILLER, M.D.
JAMES B. THOMAS, M.D., Frederick County
J. RALPH HORKY, M.D., Harford County
THEODORE R. SHROP, M.D., Howard County
A. C. DICK, M.D., Kent County
AARON H. TRAUM, M.D., Montgomery County
Alternate: HENRY P. LAUGHLIN, M.D.
IRVIN G. HOYT, M.D., Queen Anne's County
Alternate: THEODOR SATTELMAIER, M.D.

JULIAN LANE, M.D., St. Mary's County
SARAH M. PEYTON, M.D., Somerset County
A. B. CECIL, JR., M.D., Talbot County
Alternate: JOHN SOMMERFIELD GREEN, III, M.D.
DALTON WELTY, M.D., Washington County
PHILIP A. INSLEY, M.D., Wicomico County
Alternate: JOHN M. BLOXOM, III M.D.
PAUL COHEN, M.D., Worcester County
Alternate: NORMAN E. SARTORIUS, JR., M.D.

RESOLUTIONS COMMITTEE

Mr. President and Members of the House of Delegates:

This report, in conformity with the usual procedure, will be presented to the House of Delegates in April, 1961.

(See Page 518 Minutes)

Respectfully submitted,
EVERETT S. DIGGS, M.D., *Chairman*
M. MCKENDREE BOYER, M.D.
ERNEST I. CORNBROOKS, JR., M.D.
MELVIN B. DAVIS, M.D.
ROBERT W. FARR, M.D.

REPRESENTATIVE ON LEGISLATIVE COUNCIL'S SUBCOMMITTEE ON NARCOTICS

Mr. President and Members of the House of Delegates:

The three members of the Medical and Chirurgical Faculty Committee, consisting of John Krantz, Ph.D., Irving J. Taylor, M.D., and myself, appeared before the Subcommittee on Narcotics of the Legislative Council and testified on the matter of narcotic addiction.

After the subcommittee report was filed, the General Assembly passed a bill permitting judges of the Maryland courts to permit addicts, under certain conditions, to secure treatment in hospitals instead of being confined to prison. This legislation went into effect June 1, 1960.

Respectfully submitted,
JOHN T. KING, M.D., *Chairman*
JOHN KRANTZ, PH.D.
IRVING J. TAYLOR, M.D.

STUDENT AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

I attended a meeting of the Advisory Committee to the Maryland Chapter to the Student American Medical Association on March 2, 1961, at the University Hospital. Dr. Dietrich C. Smith is the chairman.

I was favorably impressed by the work being done by the Maryland Chapter of SAMA, particularly Mr. William B. Weglicki, Jr., who is the president of this chapter.

I am informed by Dr. Smith that the Maryland Chapter is very well thought of in the National Organization.

I therefore recommend wholeheartedly that the Medical and Chirurgical Faculty continue to encourage this work and to lend financial support to the students in their work in this organization.

(See Page 517 Minutes)

Respectfully submitted,
LEWIS P. GUNDRY, M.D.

NATIONAL FOUNDATION OF HEALTH SCHOLARSHIPS REPRESENTATIVES

W. Houston Toulson, M.D., submitted his report to the House of Delegates at the Semiannual Meeting in September, 1960.

(See Page 498)

Walter D. Wise, M.D., has been selected by the National Foundation for 1961.

LIAISON COMMITTEE ON ACCREDITATION OF HOSPITALS AND INTERN AND RESIDENCY PROGRAMS

Mr. President and Members of the House of Delegates:

This Committee has held three meetings during the past year. The first meeting was devoted to discussion of present requirements of the Council on Medical Education and Hospitals, as well as the Residency Review requirements.

Discussion of the ECFMG program was undertaken at all three of the meetings, and it was felt that the actions of the American Medical Association in this respect were satisfactory.

The Committee at its last meeting adopted the following resolutions for presentation for House of Delegates action, with the following understanding:

"It was understood by the members of the Committee that a similar resolution was pending before the House of Delegates of the AMA, but the attached resolution was nevertheless passed with the thought that this would lend support to the passage of the pending resolution and that it would be possible to withdraw the Maryland resolution if the pending resolution was passed.

In re: Residency Review Committees:

RESOLUTION: Whereas, the membership of these committees is changing from time to time, and
Whereas, it has been noted recently that there has been a breakdown in communication to a marked degree,
Therefore, Be It Resolved, that the American Medical Association, as the representative of the practicing physicians of this country, play a far more prominent role in disseminating information and be an authoritative source of information from the Residency Review Committees.

(See Page 516 Minutes)

Respectfully submitted,
HOWARD W. JONES, JR., M.D., *Chairman*
ROBERT L. BAKER, M.D.
LEWIS P. GUNDRY, M.D.
AMOS R. KOONTZ, M.D.
LOUIS KRAUSE, M.D.
EDMOND J. MCDONNELL, M.D.
SAMUEL MORRISON, M.D.
WILLIAM S. MURPHY, M.D.
E. RODERICK SHIPLEY, M.D.
STEDMAN W. SMITH, M.D.
LESTER A. WALL, JR., M.D.

(The following were selected by the hospitals, as indicated, to serve on this Committee.)

Warde B. Allan, M.D. (Johns Hopkins)
Reuben Andres, M.D. (Baltimore City)
Emidio A. Bianco, M.D. (St. Agnes)
John N. Classen, M.D. (Union Memorial)
J. Sheldon Eastland, M.D. (Mercy)
C. Thomas Flotte, M.D.
(Maryland General)
Sylvan D. Goldberg, M.D. (Church Home)
Albert J. Himelfarb, M.D. (Sinai)
W. Kenneth Mansfield, M.D.
(Franklin Square)
Samuel Morrison, M.D. (Women's)
Thomas R. O'Rourk, M.D.
(Balto. Eye, Ear & Throat)
Salvador Rosello, M.D. (Lutheran)
William J. Supik, M.D. (St. Joseph's)
E. David Weinberg, M.D.
(South Balto. General)
Alvin P. Wenger, M.D.
(Presbyterian Eye, Ear & Throat)
Earle M. Wilder, M.D.
(North Charles General)

COMMITTEE ON AGING

Mr. President and Members of the House of Delegates:

The activities of the Committee on Aging for the past year have centered around two projects: the Check-up with Health Month for the Aging and the establishment and organization of the Maryland Joint Council to Improve the Health Care of the Aged.

The Check-up with Health Month was proposed by Dr. Herman Seidel, of the Governor's Commission on the Aging, and this project was carried out jointly with this agency. In fairness, it must be said that the Medical and Chirurgical Faculty, especially Mr. John Sargeant, carried the load. Last spring your chairman presented the project to the Council and was granted funds to carry it out. Mrs. Naomi Smith, a public relations expert, was hired to do the publicity. It was found that the hospital clinics would be unable to cooperate, so clinics were established by the Faculty at Levindale and Montebello. About three hundred free examinations have been made at those two locations, and approximately two hundred more, postponed because of the weather, will be done in the spring.

The Joint Council was established last year; however, the organization was left to this year. It is now a well-organized and active committee made up of represenatives from the Maryland Dental Association, the Medical and Chirurgical Faculty, the Maryland Nursing Home Association, the Hospital Council of Maryland, the Governor's Commission on the Aging, and the Maryland Nurses Association.

Respectfully submitted,

C. Rodney Layton, M.D., *Chairman*
Archie Robert Cohen, M.D.
Amos R. Koontz, M.D.
Louis Krause, M.D.
Isadore B. Lyon, M.D.
William H. Woody, M.D.

FACULTY REPRESENTATIVES ON THE MARYLAND JOINT COUNCIL TO IMPROVE THE HEALTH OF THE AGED

Mr. President and Members of the House of Delegates:

The Joint Council has had four meetings at the time of writing of this report. A fifth is scheduled before the April House of Delegates meeting, and it is hoped that a concrete program with respect to the aims and objectives of this group can be developed and be actively promoted before the summer of 1961.

The four meetings have been devoted to the application of the Kerr-Mills proposal (medical care for those over 65) in Maryland. In addition, discussion took place with respect to the 1961 White House Conference on the Aging.

This Council has proved itself as an excellent means for cooperation between the groups representing provision of health services for those over age 65.

Continued cooperation by the Medical and Chirurgical Faculty of Maryland is recommended.

(See Page 517 Minutes)

Respectfully submitted,

C. Rodney Layton, M.D.
Archie Robert Cohen, M.D.
Louis Krause, M.D.

COMMITTEE TO COOPERATE WITH THE AMERICAN MEDICAL EDUCATION FOUNDATION

Mr. President and Members of the House of Delegates:

The campaign to raise funds for support of medical education through the American Medical Education Foundation was carried out in Maryland by a single mailing of a letter on October 1, 1960, to the members of the Medical and Chirurgical Faculty.

A reminder of the need for physicians to support medical education was included in the statement of annual dues to the Faculty by including a line item listing a suggested voluntary contribution to the American Medical Education Foundation.

The Committee is greatly pleased with the response of the members of the Medical and Chirurgical Faculty to these appeals. A total of $16,461.58 was raised through contributions received during 1960.

This is the largest amount of money raised in one year in Maryland for the support of medical education through A.M.E.F. We believe this represents an increasing awareness by physicians for the need to increase the support given to medical schools to meet the increased needs for physicians by the rapidly growing population of Maryland and the United States.

Respectfully submitted,

William S. Stone, M.D., *Chairman*
Albert L. Anderson, M.D.
David J. Gilmore, M.D.
J. Roy Guyther, M.D.
W. Royce Hodges, Jr., M.D.
Lauriston L. Keown, M.D.

BENDER B. KNEISLEY, M.D.
SHEPHERD KRECH, M.D.
GEORGE J. KREIS, JR., M.D.
WILLIAM H. LAWSON, M.D.
WALDO B. MOYERS, M.D.
JAMES A. ROBERTS, M.D.
THOMAS B. TURNER, M.D.

BUILDING COMMITTEE

Mr. President and Members of the House of Delegates:

I am happy to report to you of the near completion of the reconstruction, refurnishing, and refurbishing of the Medical and Chirurgical Faculty Building.

To those of you who have visited the building recently, I am certain you will agree with me that the place really has a new look and will further satisfy your feelings and desires when the reconstruction is finally completed. To those of you, and I know there are many, who have not had an opportunity to view the new look of the building, I urge you to spend a little time in a pleasant tour of the building during the coming convention. You will see where and how your $300,000 has and is being spent.

Without a doubt, I believe that what has been accomplished with a building fifty years old is most remarkable and certainly will stand the wear and tear for another fifty years. It has been so well accomplished that satisfactory provisions have been made for future additions whenever necessary.

To say that complete metamorphosis has been made would be putting it mildly. I am certain if Doctors Osler, Ruhräh, Friedenwald, and others were able to view the changes, they not only would not recognize these areas, but would wonder why we prolonged the agony and did not do it sooner. Of course, they would not know that it was not accomplished sooner only because of our financial distress. If it had not been for you, its members who contributed so generously and will continue to contribute, all this would not be possible.

It would be impossible for me to describe in detail all the improvements; therefore, it is necessary for you to see it yourself. Nevertheless, I can say that Osler Hall, in particular, has been beautified and furnished elaborately, making it possible for several meeting rooms depending upon the number to meet. The former Friedenwald Room has been converted into a meeting room and office for our efficient and hard-working Executive Secretary, Mr. Jack Sargeant. The Ruhräh area, instead of being unnoticed, will now be a show place. The Board of Medical Examiners have now something of which to be proud. Air-conditioning of the entire building, improved heating, improved and additional space for the library staff and the library books, reading rooms, etc., together with elevator service, rest rooms, adequate office space for the staff, are just a few of the added and improved facilities now in the building.

Baltimore City Medical Society for the first time has its own quarters.

A new and much needed roof, a modern kitchen, and many other additional quarters, including a new front of the building, afford the members of the Medical and Chirurgical Faculty a building something to cherish.

The Building Committee have performed a fine job. Without Jack Sargeant, I personally would have been lost, because he gave me valuable hours in consultation.

To our architects, Hopkins and Pfeiffer, and the builders, the John K. Ruff Company, I wish to extend my heartiest congratulations.

To you, the members, I can only say, "Thank You for your cooperation." I think you will appreciate your quarters now more than ever.

(See Page 508 Minutes)

Respectfully submitted,
ALBERT E. GOLDSTEIN, M.D., *Chairman*
JOHN W. PARSONS, M.D., *Treasurer*
EVERETT S. DIGGS, M.D.
E. W. DITTO, JR., M.D.
J. SHELDON EASTLAND, M.D.
R. WALTER GRAHAM, JR., M.D.
WILLIAM B. LONG, M.D.
C. HERBERT MUELLER, M.D.
CHARLES F. O'DONNELL, M.D.
JAMES H. RAMSEY, M.D.
AUSTIN B. ROHRBAUGH, JR., M.D.

COMMITTEE ON DIABETES

Mr. President and Members of the House of Delegates:

This Committee enjoyed a full year of activity, which included the Annual Diabetes Detection Drive, an educational exhibit on diabetes at the annual meeting in Baltimore, lectureship in diabetes at the semiannual meeting in Ocean City, Maryland; and in cooperation with the Maryland Diabetes Association, we conducted a two week summer camp for diabetic children.

In the week of November 13, 1960, in cooperation with the American Diabetes Association, a statewide educational and screening campaign for the detection of diabetes mellitus was carried on in an effort to uncover the many undiscovered diabetics in our state. For the metropolitan Baltimore area, a Diabetes Detection Center was established at the 104th Medical Regiment Armory, where both blood and urine were tested for the presence of glucose. Urine was tested by means of glucose oxidase, and the blood was tested by the Wilkerson-Heftmann method, using the clinitron (on loan from the U.S. Public Health Service), screening at 180 mgs. glucose per 100 c.c. blood. Both blood and urine were collected one hour after eating a high carbohydrate meal (one and a half jelly sandwiches).

Publicity for this campaign was excellently handled by a committee headed by Dr. J. Wilfred Davis and included radio, newspaper, and television. Persons with family histories of diabetes, the obese, and especially those past 40 years of age were urged to be tested. Simultaneous with the Baltimore Center, the Wicomico County Medical Society conducted a Diabetes Detection Center in Salisbury, Maryland.

Assisting this committee were the Association of Hospital Volunteers, the Association of Hospital Technologists, the Maryland Dietetic Association, and Maryland Pharmaceutical Association. The Pharmaceutical Association was of great assistance in publicity and financial support of the program. The Maryland Tuberculosis Association provided chest x-rays, the Maryland Hearing Association provided a screening test for hearing, and the Maryland Association for the Prevention of Blindness provided a visual acuity test.

Exhibits by the Maryland Dietetic Association and the Maryland Pharmaceutical Association provided interest to those awaiting testing. In Baltimore and Salisbury, 3,171 persons were tested by the above methods. Three

hundred and seventy-nine of these showed test positive for glucose; sixty-seven of these admitted that they were previously known to be diabetic, leaving three hundred and twelve persons testing positive who were not previously known to be diabetic. Reports were sent to all positives urging them to return to their physicians for re-examination. To date follow-up cards have been returned by one hundred and four physicians, from which forty-six persons were found to be diabetic upon re-examination and have been placed under adequate treatment. Further follow-up will continue through the I.V.N.A. and county health nurses.

In industry, 5,054 persons were tested (urine only) by means of the glucose oxidase test. Of these only nineteen persons tested positive for glucose. It would seem that the high percentage of positives found through the Detection Centers would indicate that our publicity brought in that group most fertile in their likelihood to be diabetic (those with family histories of diabetes, etc.) and shows the importance of directing such case finding efforts in the right direction.

In our camp for diabetic children twenty-seven youngsters with diabetes, between the ages 7 and 14 years, were given the opportunity to spend two weeks in camp, during which time they were given concentrated instruction in self administration of insulin, self measurement of the diet, and a thorough knowledge of the effect of exercise in the management of their diabetes; and, of course, they had the pleasure any child gets from a good camping experience.

All funds for the diabetes campaign and the operation of the camp were provided by friends of this committee and the Maryland Diabetes Association.

We were especially encouraged by the cooperation from physicians as evidenced by the number of follow-up cards received so soon after mailing; we are gratified by the number of physicians inquiring about the camp for the 1961 season.

We suggest that this work be continued each year.

(See Page 517 Minutes)

Respectfully submitted,
ABRAHAM A. SILVER, M.D., *Chairman*
EDMUND GEORGE BEACHAM, M.D.
JOHN HOWARD BURNS JR., M.D.
CAROLINE H. CALLISON, M.D.
CHARLES R. CAMPBELL, M.D.
HENRY V. CHASE, M.D.
J. WILFRED DAVIS, M.D.
RICHARD C. DODSON, M.D.
EDWARD J. EDELEN, M.D.
ROBERT W. FARR, M.D.
SYLVAN D. GOLDBERG, M.D.
WAVERLY S. GREEN, JR., M.D.
WILSON GRUBB, M.D.
J. ROY GUYTHER, M.D.
W. GRAFTON HERSPERGER, M.D.
PHILIP W. HEUMAN, M.D.
HENRY J. HOUSKA, M.D.
SETH H. HURDLE, M.D.
BENJAMIN F. JONES, M.D.
HARRY L. KNIPP, M.D.
E. PAUL KNOTTS, M.D.
GEORGE ALLEN MOULTON, JR., M.D.
SARAH M. PEYTON, M.D.
J. EMMETT QUEEN, M.D.
THEODORE R. SHROP, M.D.
STANLEY R. STEINBACH, M.D.
SAMUEL J. N. SUGAR, M.D.
J. FRANK SUPPLEE, III, M.D.
NATHANAEL R. THOMAS, M.D.
JAMES U. THOMPSON, M.D.
ALICE TOBLER-LENNHOFF, M.D.
STEPHEN J. VAN LILL, M.D.
LESTER A. WALL, JR., M.D.

FEE SCHEDULE COMMITTEE

Mr. President and Members of the House of Delegates:

This is a report of the activities of this committee during the year 1960-1961. At the time of this writing, the committee has held nine meetings, most of which were pertaining entirely to the development of a fee schedule for submission to the Workmen's Compensation Commission.

A sub-committee met on two occasions with representatives of the Self Insurers Association and their medical representatives for the purpose of clarifying areas of misunderstanding.

A fee schedule acceptable to all concerned was finally developed and approved in late January, 1961, and has been forwarded to the Workmen's Compensation Commissioner.

The committee is planning future activities in areas and on matters referred to it by the Faculty's Council. The chairman would like to express appreciation to all the representatives who served on the committee for their cooperation and unstinting effort in giving of their time and knowledge for the purpose of developing fair and reasonable fee schedules which reflect the existing medical economics in our community today.

Respectfully submitted,
WILLIAM G. SPEED, III, M.D., *Chairman*
KATHERINE H. BORKOVICH, M.D.
CHARLES N. DAVIDSON, M.D.
LOUIS C. DOBIHAL, M.D.
LEONARD J. GALLANT, M.D.
GEORGE H. GREENSTEIN, M.D.
WILSON GRUBB, M.D.
ALFRED T. LIEBERMAN, M.D.
WILLIAM V. LOVITT, JR., M.D.
HOWARD B. MAYS, M.D.
FRANK K. MORRIS, M.D.
WILLIAM H. MOSBERG, JR., M.D.
HOWARD A. NAQUIN, M.D.
ALFRED T. NELSON, M.D.
JOHN F. STRAHAN, M.D.

INDUSTRIAL HEALTH COMMITTEE

Mr. President and Members of the House of Delegates:

Two meetings of the Industrial Health Committee have been held. The following items were considered: various aspects of retirement, including pre-retirement counseling; Workmen's Compensation form; continuing objectives of the Committee, particularly educational; provision of industrial health programs to smaller employee groups; residency training programs in occupational health; a code of ethics for industrial medicine (J.A.M.A., Oct. 1, 1960, Vol. 174, page 533); desirability of having committee representation for revising compensation fee schedules; and authority for health department representatives inspecting industrial medical supplies and equipment. A list of physcians engaged in industrial medicine is being compiled.

The chairman attended a meeting of State Chairmen of Industrial Health Committees at the Congress of Industrial Health, Charlotte, N. C., in October, 1960. Also the chairman met with Dr. Dixon Holland, Executive Secretary of the A.M.A. Council on Occupational Health.

There are no recommendations or resolutions.

Respectfully submitted,
DONALD ROOP, M.D., *Chairman*
WILLIAM F. COX, III, M.D.
J. SHELDON EASTLAND, M.D.
WALTER E. FLEISCHER, M.D.
JAMES FRENKIL, M.D.
HERMAN J. HALPERIN, M.D.
F. FORD LOKER, M.D.
HOWARD B. MCELWAIN, M.D.
NATHAN E. NEEDLE, M.D.
HARRY M. ROBINSON, JR., M.D.
BENJAMIN H. RUTLEDGE, M.D.

LEGISLATIVE COMMITTEE

Mr. President and Members of the House of Delegates:

STATE LEGISLATION

The legislative activity on a state level has been extremely heavy this year because of the ninety-day session and because of numerous items of medical interest.

Following is a list of the bills introduced and the Faculty activity in this connection:

HOUSE AND SENATE BILLS

BILL NO.	SUBJECT	ACTION BY FACULTY	ACTION BY LEGISLATURE
H.B. 140	Professional communication.	Opposed	Kept in Judiciary Committee.
H.B. 240	Optometry—To declare optometry a profession.	Opposed	Referred by Judiciary Committee to Legislative Council.
H.B. 241	Corporate practice of optometry.	No action	Referred by Judiciary Committee to Legislative Council.
H.B. 242	Advertising by optometrists.	No action	Referred by Judiciary Committee to Legislative Council.
H.B. 287	To include chiropodists in Blue Shield Plan.	Opposed	Passed House. Petitioned out of Senate Committee on Banking and Insurance. Failed to pass second reading in Senate.
H.B. 343	Physician to State Police to serve to age 70.	Approved	Passed House and Senate.
H.B. 360	Definition of "physical therapy."	Approved	Passed House and Senate.
H.B. 375	Appropriation for construction of non-profit nursing homes.	Approved	Held in Ways and Means Committee. (See Senate Bill 302).
H.B. 387	Requiring hospitals to carry liability insurance.	Opposed	Held in Judiciary Committee.
H.B. 415	To exempt "caps" from fireworks law.	Approved	Passed House and Senate.
H.B. 483	State Board of Health to license nursing homes.	Approved	Passed House and Senate.
H.B. 541	To establish State Board of Homeopathic Physicians.	Opposed	Died in Ways and Means Committee.
H.B. 668	Add two members to medical board of Workmen's Compensation Commission.	Opposed	Held in Judiciary Committee.
H.B. 737	To establish State Board of Health and Mental Hygiene.	No action	Passed House and Senate.
H.B. 894	Two doctors to certify alcoholics for institutional treatment.	No action	Held in Judiciary Committee.
H.B. 952	Pharmacists to advertise dangerous drugs through trade publications only.	No action	Passed House and Senate.
H.B. 960	To include barbiturates under "Dangerous Drugs."	No action	Held in Judiciary Committee.
House Resolution 52	More precise and complete markings on prescriptions.	No action	Held in Ways and Means Committee.
Joint Resolution 61	Thanking Case and Kirkman Committees and directing Bureau of Fiscal Research to develop financial formula.		Passed House and Senate.
S.B. 5	Licensing pharmacists.	Approved	Passed Senate and House.
S.B. 6	State Board of Health to declare dangerous drugs.	Approved	Held in Judicial Proceedings Committee.
S.B. 7	To authorize post-mortem removal of tissues and the willing of bodies to Anatomy Board.	Approved	Passed Senate and House.
S.B. 170	"Good Samaritan" Bill — To exempt doctors from malpractice in accident cases not part of their professional practice.	Approved	Passed Senate — Held in House Judiciary Committee, despite vigorous efforts on the Faculty's part. Probably will be re-submitted.
S.B. 302	Appropriation for non-profit nursing homes.	Approved	Passed Senate and House.
S.B. 347	Removing limitation of number of members of Medical Advisory Board to Motor Vehicles Commissioner.	Approved	Passed Senate and House.
S.B. 363	Board of Medical Examiners to suspend revocation of license to narcotic addicts.	Approved	Passed Senate and House.
S.B. 485	To establish a center for treatment of alcoholics.	No action	Held in Finance Committee.
S.B. 327	Directing health officers to arrange for treatment of narcotic addicts.	Opposed	Held in Finance Committee.
Senate Joint Resolution 21	Requesting U.S. Public Health Service to study medical management of narcotics.		Passed Senate and House.

During the session a total of 1,769 Bills and Resolutions were closely scrutinized for medical implication, and the above mentioned Bills were the only ones requiring action on our part. This points out, however, the necessity for an active program during the legislative sessions.

Federal Legislation

The Faculty has been active also in the field of federal legislation, in conjunction with the Legislative Section of the American Medical Association. Information has been received and followed concerning all legislation of medical importance.

Our activity, briefly, has been in the field of support of the Kerr-Mills Bill, passed by the 86th Congress and signed by President Eisenhower. Further attempts, however, are being made still to include medical care of the aged under the Social Security System. Since the medical profession considers these a "foot in the door" approach to socialized medicine, we have actively opposed them. We urge full cooperation, interest, and activity

of the medical profession to oppose such measures as the King Anderson Bills in the 87th Congress, which would carry out the Kennedy approach to this problem.

In March, the Council approved expenditure of funds to carry newspaper and radio announcements regarding the medical profession's attitude toward this subject. It is anticipated that an extensive campaign will be conducted during the next few months along the lines of opposition to such provisions under the Social Security System. Federal programs for care of the aged are not needed in Maryland where adequate care for all has been provided for many years under a program sponsored and actively supported by the medical profession itself, with the exception of the additional benefits provided for medically indigent under the Kerr-Mills Law.

Conclusion

The Committee is most appreciative of the work of the Faculty's representatives in the state legislature: Mr. Walter N. Kirkman and Mr. John H. Norris, Jr. We also commend the cooperation and assistance given us by the Honorable Frank E. Shipley, for many years an active practitioner of medicine in Howard County, and extend to him our sincere thanks with the hope that he will long continue in the Senate.

In addition, Mr. John Sargeant and his capable office staff are to be highly commended for their excellent assistance at all times.

Respectfully submitted,
KARL F. MECH, M.D., *Chairman*
FREDERICK V. BEITLER, M.D.
HENRY A. BRIELE, M.D.
F. FORD LOKER, M.D.
JOHN A. O'CONNOR, M.D.
JOHN MACE, JR., M.D.
J. MORRIS REESE, M.D.

MATERNAL AND CHILD WELFARE COMMITTEE

Mr. President and Members of the House of Delegates:

Obstetric Section

During 1960, the Obstetric Section of the Maternal and Child Welfare Committee continued its review of all deaths associated with pregnancy. The following are the provisional maternal mortality rates for the calendar year 1960. These rates are subject to change by a corrected count of births and the belated receipt of information concerning additional deaths.

PROVISIONAL MATERNAL MORTALITY RATES*—1960

	Baltimore City		Total Counties		Total State of Maryland	
	No.	Rate	No.	Rate	No.	Rate
White	1	0.8	13	2.8	14	2.3
Non-White	12	10.6	5	7.9	17	9.4
Total	13	5.4	18	3.4	31	4.0

* Per 10,000 live births

In addition to the deaths due to obstetric causes, as shown in the above table, there were three deaths (all occurring in the counties) associated with pregnancy which were due to non-obstetric causes. These deaths were attributed to acute leukemia, lobar pneumonia, and diabetes. If these three additional deaths are included in the rates shown above, the total for the counties is raised from 3.4 to 3.9 per 10,000 live births and for the entire state from 4.0 to 4.4 per 10,000 live births.

The deaths due to maternal causes, by diagnosis, are shown in the following table.

Infection	**8**
Postpartum	4
Postabortal	4
Hemorrhage	**8**
Postpartum	4
Ruptured uterus	2
Ruptured ectopic pregnancy	2
Embolism	**8**
Pulmonary	6
Air	1
Amniotic fluid	1
Aspiration of vomitus during anesthesia	**3**
Cause undetermined	**2**
Cerebral hemorrhage	**1**
Eclampsia	**1**

In regard to preventable factors, the Committee made the following determinations: preventable, physician or patient, 16 (15.6 per cent); non-preventable, 10 (32.3 per cent); insufficient information, 5 (16.1 per cent).

There are several significant points in the above analysis. For the first time in many years, the overall maternal mortality for the State of Maryland shows a rise over the preceding year; namely, from 3.4 to 4.0 per 10,000 live births. The major factor producing this unwelcome trend lies in the large number of deaths occurring in Baltimore City among the non-white population. A second factor worthy of note is the rather sharp increase in the number of deaths due to infection. In recent years sepsis has ranked far below deaths due to hemorrhage, but in 1960 equal the number of hemorrhagic deaths. It is also to be noted that four of the deaths due to infection occurred following a viable pregnancy, the largest number in this category in many years. The percentage of deaths considered to be preventable is about average.

The Committee wishes to congratulate the practicing physicians of the state for their increased success in obtaining complete postmortem examinations in a high percentage of the cases reported. This has increased the educational benefits of the Committee's activities, both to the individual physician and to the Committee members. In five of thirty-one deaths studied, either the attending physician submitted incomplete or no information concerning the patient's clinical course. The Committee respectfully requests the cooperation of practicing physicians in submitting information so that its review of maternal deaths may be as meaningful and accurate as possible.

JOHN WHITRIDGE, JR., M.D., *Secretary*

Pediatric Section

During 1960, the Pediatric Section concerned itself primarily with possible causes for the increase in perinatal, neonatal, and infant deaths in the State of Maryland. The general trend in various categories from 1945 to 1959 is shown in Table I. The lowest infant death rate since 1945 occurred in 1950 among the white and in 1948 among the non-white population. While the lowest neonatal mortality rates and percentage of all infant deaths due to prematurity do not coincide with these years in either the white or the non-white group, they have continued to rise also. The overall infant mortality rate dropped from 29.1 per 1,000 live births in

TABLE I

DATE	State Infant Deaths Per 1000 Livebirths TOTAL	WHITE	N-W	State Neonatal Deaths Per 1000 Livebirths TOTAL	WHITE	N-W	Per Cent Total Infant Deaths Due To Prematurity PER CENT*	Stillbirths Per 1000 Births TOTAL	WHITE	N-W
1945	38.2	32.1	64.0	23.7	21.2	34.0		28.5	23.2	51.0
1946	34.7	30.1	55.1	24.6	21.8	37.2		27.2	21.7	51.5
1947	32.2	28.1	49.3	22.4	20.0	33.1		23.3	19.0	42.5
1948	29.0	25.9	40.6	21.0	19.1	27.8		23.2	18.7	39.9
1949	30.6	26.5	45.1	20.4	18.5	27.2	39.6	22.6	19.1	35.2
1950	26.4	22.1	41.2	26.4	22.1	41.2	43.0	19.7	16.7	30.2
1951	27.0	22.8	42.4	18.9	16.7	26.8	42.4	18.6	16.0	28.0
1952	27.2	23.1	43.2	18.6	16.9	25.4	42.5	18.6	15.9	29.0
1953	27.0	23.7	39.6	19.5	17.8	25.7	43.8	16.8	14.5	25.3
1954	26.9	22.2	44.5	19.3	17.0	27.7	44.8	17.1	14.9	25.3
1955	27.7	22.4	47.3	20.1	17.0	31.9	45.7	16.0	14.6	21.3
1956	26.2	22.1	40.9	18.9	16.6	27.2	43.8	16.5	14.8	22.3
1957	28.2	22.8	46.9	20.7	17.4	32.4	44.3	15.4	13.1	23.4
1958	29.1	24.1	46.2	21.0	17.7	32.7	46.9	15.7	13.2	24.6
1959	28.6	23.0	47.6	20.9	17.8	31.1	46.9	15.5	14.2	25.2

*Rate applies to number of deaths due to prematurity and to diseases of early infancy with mention of prematurity.

1958 to 28.6 in 1959. This decrease is a reflection of fewer white infant deaths only, and the non-white infant deaths have continued to rise from 46.2 in 1958 to 47.6 per 1,000 live births in 1959.

The number of premature infant births has not increased since 1956 (Table II). The rate in that year was 7.9 per cent and the same in 1959.

TABLE II

Per Cent Premature Births Among All Births

DATE	Single Births TOTAL	WHITE	N-W	Plural Births TOTAL	WHITE	N-W
1956	7.9	6.5	12.9	51.4	50.2	54.5
1957	7.8	6.5	12.7	50.7	43.3	69.9
1958	7.9	6.5	12.8	57.2	55.2	61.5
1959	7.9	6.3	13.4	47.0	42.6	58.1

Table III shows the 1959 birth rates as well as perinatal, neonatal, and infant death rates in Baltimore City, the Maryland counties, and the total state. While this table indicates that the county infant mortality rate among the white population is lower than that of Baltimore City, it should not promote complacency. The 1959 rate in one county was 38.3 per 1,000 live births among the white and in another county was 90.9 among non-whites.

In an effort to understand the overall problem more fully, the Pediatric Section developed the following recommendations which it hopes to implement:

1. A letter will be written to each hospital in the state requesting information regarding the existence and activity of a formal committee for reviewing infant mortality.

2. The letter will be accompanied by a copy of the American Academy of Pediatrics' *Standards and Recommendations for Hospital Care of Newborn Infants, Full Term and Premature* (1957 Revision) with *special* reference to the Appendix, page 119, Tables for Fetal and Neonatal Mortality. These tables are to be used for the individual hospital's self-evaluation.

3. Mimeographed forms of the above tables will be furnished, to be returned to the Pediatric Committee for review.

4. The above material should be mailed directly to the Administrator of each hospital in the state under the joint sanction of the Maryland State Chapter of the American Academy of Pediatrics and the Pediatric Section of the Medical and Chirurgical Faculty of Maryland.

(See Page 517 Minutes)

BENJAMIN D. WHITE, M.D., *Secretary*
Respectfully submitted,
J. MORRIS REESE, M.D., *Chairman*
T. TERRY BURGER, M.D., *Vice-Chairman*
JOHN A. ASKIN, M.D.
HARRY D. BOWMAN, M.D.
CAROLINE A. CHANDLER, M.D.
STUART CHRISTHILF, JR., M.D.
RAYMOND L. CLEMMENS, M.D.
GEORGE H. DAVIS, M.D.
D. MCCLELLAND DIXON, M.D.
H. W. ELIASON, M.D.
ABRAHAM H. FINKELSTEIN, M.D.
PAUL HARPER, M.D.
JOHN S. HAUGHT, M.D.
FREDERICK J. HELDRICH, JR., M.D.
D. FRANK KALTREIDER, M.D.
WILLIAM H. LAWSON, M.D.

TABLE III
1959 MORTALITY RATES IN MARYLAND

	Birth Rate White	N-W	Perinatal Death Rate White	N-W	Neonatal Death Rate White	N-W	Infant Death Rate White	N-W
Baltimore City	20.0	38.8	33.6	55.2	18.4	33.2	25.0	47.0
Counties	24.6	34.4	31.8	52.4	17.7	27.3	22.5	48.6
Total State	23.5	37.1	32.2	54.2	17.8	31.1	23.0	47.6

G. Bowers Mansdorfer, M.D.
William C. Morgan, M.D.
Dexter L. Reimann, M.D.
John E. Savage, M.D.
William M. Seabold, M.D.
Fred B. Smith, M.D.
F. X. Paul Tinker, M.D.
Gibson J. Wells, M.D.
Benjamin D. White, M.D.
John Whitridge, Jr., M.D.

JOINT COMMITTEE WITH THE BAR ASSOCIATIONS ON MEDICOLEGAL PROBLEMS

Mr. President and Members of the House of Delegates.

The Symposium Management Subcommittee sponsored a symposium for the legal profession entitled "Diagnosis and Prognosis of Injuries to the Head and Neck." It was held on October 21, 1960, and was attended by more than two hundred attorneys.

The Symposium Management Subcommittee is cooperating with the Committee on Scientific Work and Arrangements in sponsoring a symposium during the 1961 annual meeting. The subject will be "Malpractice Actions Against Doctors." The participants will be Mr. G. C. A. Anderson and Mr. William Macmillan, Sr. Your chairman will moderate the program.

During the year the Subcommittee on Interprofessional Relationship considered a number of matters with respect to disagreements concerning the payment of professional fees of expert witnesses and other disputes between doctors and attorneys.

Respectfully submitted,
Russell S. Fisher, M.D., *Chairman*
Conrad Acton, M.D.
Lewis P. Gundry, M.D.
William D. Lynn, M.D.
George McLean, M.D.
M. C. Porterfield, M.D.
John F. Schaffer, M.D.
Richard T. Shackelford, M.D.
Benedict Skitarelic, M.D.
W. Kennedy Waller, M.D.
John M. Warren, M.D.
Huntington Williams, M.D.

MENTAL HYGIENE COMMITTEE

Mr. President and Members of the House of Delegates.

The Committee met on two occasions during the past year and considered a variety of subjects, the most important being the Yeager Report and the Junior Association of Commerce Report on State Mental Hospitals.

In respect to these reports, the Committee felt it best to take no specific action on the reports as such, but to keep them under consideration and reserve its approval or disapproval for whatever specific legislation might grow out of the reports.

In addition, the Committee prepared a report, at the request of the Faculty's Executive Committee, on the functions of the Psychiatric Institute at the University Hospital.

The Chairman attended two meetings of the Inter-Society Psychiatric Council. The Council has been revitalized and, in the future, will meet a minimum of four times a year to consider matters of importance to the psychiatric community. Thus, the affiliation of the Mental Hygiene Committee with this Council will provide the Faculty with a growing liaison with psychiatry in Maryland.

Respectfully submitted,
Kent E. Robinson, M.D., *Chairman*, (1963)
Harry M. Murdock, M.D. (1961)
Richard H. Pembroke, Jr., M.D. (1961)
Sarah S. Tower, M.D. (1961)
Isadore Tuerk, M.D. (1961)
James S. Whedbee, Jr., M.D. (1961)
William W. Magruder, M.D. (1962)
Richard W. Trevaskis, Jr., M.D. (1962)
Richard H. Doss, M.D. (1963)
James A. Meath, M.D. (1963)

COMMITTEE ON NATIONAL EMERGENCY MEDICAL SERVICE

Mr. President and Members of the House of Delegates:

The chairman of this Committee, together with Dr. Perry F. Prather, Commissioner of Health of the State of Maryland, and Dr. Philip Whittlesey have worked closely during the year with the officers of Civil Defense of the State of Maryland and of Baltimore City, with the Committee on National Medical Care of the American Medical Association, with the Washington Office of Civil and Defense Mobilization, with Lt. General Leonard D. Heaton (Surgeon General of the Army), and with Dr. Frank B. Berry (Assistant Secretary of Defense, Health and Medicine).

At a meeting in Washington on April 23, 1960, at the office of Medical Representatives of Civil Defense Region 2, the chairman of your Committee stressed very strongly that if those in charge of the Federal Government believe in the value of Civil Defense, a realistic program calling for greatly increased funds is needed immediately. He states that a number of full time personnel, medical and lay, must be on continuous duty; that any real progress toward a respectable state of development of Civil Defense was impossible with the present completely unrealistic attitude of a hoped for defense involving only a pittance of financial support. He afterward stressed this point with Dr. Leo A. Heogh, late Director of Civil Defense under President Eisenhower.

The chairman attended a national meeting of Civil Defense in Minneapolis, Minnesota, on September 20, 1960, and read a paper before the meeting, giving the results obtained in Maryland, and his personal views on the subject. He was given a national award (completely undeserved) for his work on this subject.

In Baltimore City, thanks largely to Dr. Philip Whittlesey and his committee of the National Disaster Medical Service of Baltimore City, great advance has been made in preparation to meet local disasters. Close cooperation has been reached between our own already formed medical emergency (Trimble) teams, the hospitals, the Fire Department, the Police Department, the Traffic Department, the American Red Cross. A central headquarters operates twenty-four hours a day at the Medical and Chirurgical Faculty Building to receive and transmit emergency calls in cases of local or national disaster. Recently, during the train wreck at the Bowie Race Track, four of these teams were called out and were on full duty within a few minutes. Within the next few

months the standing operating procedure to meet disaster in the City of Baltimore will be enlarged to include all the counties.

Of great encouragement is the recent announcement of Mr. Frank B. Ellis, the newly appointed Federal Director of Civil and Defense Mobilization, stating that the present administration is in complete sympathy with the importance of Civil Defense and is making immediate plans for great extension of this work.

Respectfully submitted,
I. Ridgeway Trimble, M.D., *Chairman*
John Edward Adams, M.D.
John G. Ball, M.D.
Robert C. Kimberly, M.D.
Shepard Krech, Jr., M.D.
Julius R. Krevans, M.D.
Abraham J. Mirkin, M.D.
Russell H. Morgan, M.D.
Perry F. Prather, M.D.
John F. Schaefer, M.D.
Lawrence M. Serra, M.D.
J. Frank Supplee, M.D.
Philip Whittlesey, M.D.
Huntington Williams, M.D.
James K. V. Willson, M.D.

MEDICAL ADVISORY COMMITTEE TO BUREAU OF OLD AGE AND SURVIVORS INSURANCE

Mr. President and Members of the House of Delegates:

This Committee has been inactive for the past year.

Respectfully submitted,
J. Frank Supplee, M.D., *Chairman*
William G. Helfrich, M.D.
George O. Himmelwright, M.D.
Lloyd E. Saylor, M.D.

COMMITTEE FOR THE STUDY OF PELVIC CANCER

Mr. President and Members of the House of Delegates:

This Committee has continued the review of cases of pelvic cancer under treatment in the hospitals of Baltimore which are cooperating in the study. As of February 1, 1961, twenty-one hundred and seventy-eight cases have been included in the study. The cases have been reviewed and classified according to the delay period between the time of onset of symptoms and the time of correct diagnosis and adequate treatment. A time lapse of more than one month has been considered "delay."

Patient delay	888	40.8%	
Physician delay	157	7.2	
Physician and patient delay	150	6.9	
Institutional delay	56	2.6	
Institution and patient delay	49	2.2	20.8%
Institution and physician delay	10	.4	
Institution, physician and patient delay	4	.2	
[5]Inadequate or improper treatment	21	1.0	
[5]Delay due to laboratory error	7	.3	
No delay	765	35.1%	
Asymptomatic detected cases	71	3.3%	

This summary of the total cases reviewed indicates that medical delay has been a factor in twenty-one per cent of the cases.

5 Classification added 1955.

Since October of last year, we have followed a somewhat different plan as to the meetings of the Committee. We have presented cases for discussion as a part of a regular meeting of the visiting staff at Provident, Franklin Square, and South Baltimore General Hospitals; at University Hospital at a conference of the department of Obstetrics and Gynecology; and at a meeting of the Anne Arundel County Medical Society. Also meetings are scheduled to be held with the Carroll County Medical Society and with the visiting staff of the North Charles General Hospital.

Respectfully submitted,
Howard W. Jones, Jr., M.D., *Chairman*
William K. Diehl, M.D., *Vice Chairman*
Thomas S. Bowyer, M.D.
John C. Dumler, M.D.
Gerald A. Galvin, M.D.
Arthur L. Haskins, M.D.
Theodore Kardash, M.D.
Charles B. Marek, M.D.
Paul E. Molumphy, M.D.
Frank K. Morris, M.D.
Edward H. Richardson, M.D.
Isadore A. Siegel, M.D.
A. A. Sondheimer, M.D.
Richard W. TeLinde, M.D.
J. Donald Woodruff, M.D.

COMMITTEE TO STUDY PROBLEMS OF MUTUAL INTEREST TO MEDICAL AND CHIRURGICAL FACULTY AND MARYLAND PHARMACEUTICAL ASSOCIATION

Mr. President and Members of the House of Delegates.

This Committee held no meetings during the year.

Respectfully submitted,
Edward F. Cotter, M.D., *Chairman*
Edwin B. Jarrett, M.D.
Martin L. Singewald, M.D.
Henry J. L. Marriott, M.D.

COMMITTEE ON RURAL HEALTH

Mr. President and Members of the House of Delegates.

This Committee conducted its business this year through the medium of the mails, because of the difficulty in setting a meeting date suitable to all of its members.

An exhibit on health was displayed at the Annual Rural Women's Short Course, College Park, Maryland, and it is anticipated that an exhibit will also be made available again this coming year. In addition, it is hoped that the Faculty will be called on to supply speakers for this program.

A careful evaluation of the Committee's activity has been undertaken by the members, and it is felt that Maryland is no longer considered a "rural" community. It may well be that the functions performed by the Rural Health Committee could well be performed by other, specialized committees of the Faculty.

Because of the committee reorganization that will take place following the 1961 Annual Faculty Meeting, the Committee has no recommendations or suggestions to offer at this time.

Respectfully submitted,
Gordon M. Smith, M.D. (1961), *Chairman*
C. Rodney Layton, M.D. (1962)

S. Ralph Andrews, M.D. (1963)
James G. Sasscer, M.D. (1964)
Archie R. Cohen, M.D. (1965)
Page C. Jett, M.D. (1966)
Henry V. Chase, M.D. (1967)

ADVISORY COMMITTEE TO STATE ACCIDENT FUND

Mr. President and Members of the House of Delegates.

This Committee has had no meetings and transacted no business during the past year.

Respectfully submitted,
George O. Eaton, M.D., *Chairman*
James G. Arnold, Jr., M.D.
Carlton Brinsfield, M.D.
Charles N. Davidson, M.D.
Jason H. Gaskel, M.D.
F. Ford Loker, M.D.
Howard B. McElwain, M.D.
Daniel J. Pessagno, M.D.
William A. Pillsbury, M.D.

COMMITTEE TO CONSULT WITH THE STATE DEPARTMENT OF HEALTH

Mr. President and Members of the House of Delegates.

The Committee had one meeting during the year to discuss several subjects of interest to the medical profession with representatives of the State Department of Health.

The major part of the meeting was devoted to the discussion of the Subcommittee on Organization for Health of the Committee on Medical Care, Maryland State Planning Commission. This subcommittee report recommended the merging of the Mental Hygiene Department and the State Health Department. The Committee decided that it was not possible to consider this matter at length because any decision would have to be based on legislation that would be introduced to effect this proposed merger. The Committee is actively observing any development that might occur in this area.

Other items discussed at this meeting was the implementation of the Kerr-Mills bill on a state level. The Health Department representatives reviewed at some length the operation of the medically-indigent care program and advised the Committee as to the expansion of this program under the provisions of the Kerr-Mills bill.

Appropriate legislation was discussed with the Health Department representatives dealing with a proposed Anti-quack law approved by the Faculty's Council for implementation. This is still being developed by the Health Department officials.

The Health Department advised Committee members of the availability of inspection and educational programs dealing with x-ray and fluoroscopy equipment.

The Committee has no recommendations or resolutions for introduction into the House of Delegates.

Respectfully submitted,
Leslie E. Daugherty, M.D., *Chairman*
(Past-President April 1959-April 1960)
J. Sheldon Eastland, M.D.
(Past-President April 1958-April 1959)
Whitmer B. Firor, M.D.
(President April 1960-April 1961)
Howard F. Kinnamon, M.D.
(President-elect April 1960-April 1961)
William Carl Ebeling, M.D.
(Secretary April 1960-April 1961)
Four General Practitioners
Walter A. Anderson, M.D.
(Maryland Academy of General Practice)
Wilbur H. Foard, M.D.
Phillip C. Heuman, M.D.
Francis J. Townsend, M.D.

TUBERCULOSIS COMMITTEE

Mr. President and Members of the House of Delegates.

1. The Tuberculosis Committee suggests that the title and, therefore, scope of this Committee be enlarged to read the "Committee on Tuberculosis and Chronic Respiratory Disease." [6]

2. Chronic pulmonary insufficiency (chronic bronchitis and emphysema) has a morbidity rate which makes it an important source of economic and physical insufficiency. In recognition of this and in anticipation of the growing need for consideration of such problems as the use of hospital beds presently allotted for tuberculosis, of the suggested importance of the air pollution of our industrialized and mechanized cities, of the need for proper recording of this diagnosis on death certificates, etc., **the Committee suggests that there be continued activity of a subcommittee through 1961-1962.**

3. The purpose of this subcommittee would be to prepare a report for the April 1962 Faculty meeting so that the Faculty would have available to it all of the information pertinent to the magnitude of this problem and the present facilities available, in the hope that the Faculty would become the most informed source about an anticipated major health problem. In this way the Faculty will be prepared to give authoritative counsel to local and federal agencies who may evince an interest in this area.

4. The committee respectfully suggests that Dr. Edmund G. Beacham, Dr. Richard F. Kieffer, and Dr. William S. Spicer, Jr., be continued as members of the succeeding Tuberculosis Committee so that they may accomplish these purposes as an interested subcommittee.

(See Page 517 Minutes)

Respectfully submitted,
William S. Spicer, Jr., M.D., *Chairman*
Edmund G. Beacham, M.D.
R Adams Cowley, M.D.
Wyand F. Doerner, Jr., M.D.
A. Murray Fisher, M.D.
Leon H. Hetherington, M.D.
Meyer William Jacobson, M.D.
Richard F. Kieffer, Jr., M.D.
Milton B. Kress, M.D.
John E. Miller, M.D.
William Newcomer, M.D.
William F. Rienhoff, III, M.D.
Moses S. Shiling, M.D.
Charlotte Silverman, M.D.

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6 In view of committee reorganization adopted by the House of Delegates in September, 1959, to take place following the Annual Meeting in April, 1961, the Tuberculosis Committee is to be absorbed into the Committee on Postgraduate Education, Preventive Medicine, and Public Health. It is the intent to have various subcommittees of this Committee, and the Tuberculosis (or Tuberculosis and Chronic Respiratory Disease) Committee will become a subcommittee under the reorganization, if the House of Delegates so order

COMMITTEE ON VETERANS' MEDICAL CARE

Mr. President and Members of the House of Delegates.

Your Committee has had no meeting since the last Annual Meeting of the Faculty. The reason for this lies in that we had obtained our objectives in getting the AMA to ask for a Congressional hearing on veterans' medical care, and further action was up to them.

However, your chairman has been fairly active as follows. Following the adoption of the AMA resolutions asking for a Congressional hearing, at the December 1959 meeting of the AMA, the resolutions were referred to the Council on Legislative Activities "for study and recommendation." The Council had a meeting in Washington early in 1960 and requested your chairman to attend. Your chairman's advice was asked as to procedure, and he advised that nothing be done until after the 1960 presidential election. The Council concurred in this. The Council then appointed a subcommittee to implement the AMA resolutions. The chairman is Dr. J. Lafe Ludwig, of Los Angeles. Dr. Ludwig requested your chairman to make contacts with Senator Harry Byrd, of Virginia, and Senator John Marshall Butler, of Maryland, to sound out the possibility of getting a hearing. Senator Byrd is chairman of the Finance Committee in the Senate, which handles all veterans' affairs in the Senate. Senator Butler is also a member of that committee.

Your chairman went to see Senator Butler first, and he pointed out the difficulties which we all know are inherent in the problem. After the presidential election, your chairman went to see Senator Byrd, who was completely unaware of the abuses in VA hospitals, was very sympathetic to our aims, and said the abuses should be corrected. However, he said the legislation with regard to veterans must originate in the House, and he referred your chairman to Chairman Teague, of the House Veterans' Affairs Committee. Your chairman then saw Chairman Teague, and he said that anybody could have a hearing any time they wanted to and that his committee has had plenty of hearings. That, however, is not what we want, as it gives no publicity and, hence, no resultant action. We think that the wording of the AMA resolution was wrong in asking for a Congressional "hearing," instead of a Congressional investigation. Hearings are commonplace and take place all the time, but are ineffectual from our point of view. What we want is a Congressional investigation that will air all the abuses of the VA hospitals before members of Congress and the public.

Chairman Teague told your chairman that he expects to have a hearing before his Committee on VA hospitals in about two months and would notify your chairman of the date of the hearing. Your chairman communicated this information to Dr. Ludwig, chairman of the Action Committee of the AMA Council on Legislative Activities, for his information or any action he wants to take. Your chairman and your Committee stand ready to assist in any way they can.

Summary: As a result of the Faculty's action, the AMA passed a resolution calling for a Congressional hearing on the abuses of veterans' medical care. This resolution was referred to the AMA Council on Legislative Activities for action.

In view of the foregoing facts, and in view of your chairman's having had two conferences in Washington with Senator Butler, one with Senator Byrd, and one each with Congressman Teague, Congressman Dorn, and Congressman Tuck, the Committee recommends passage of the following resolution:

WHEREAS, Washington conferences have shown that a congressional "hearing" before a congressional committee is easy to get and generally avails nothing, and

WHEREAS, it is believed that only a congressional full scale "investigation" will obtain any results,

THEREFORE BE IT RESOLVED that the AMA House of Delegates be requested to change the words "congressional hearing" to "congressional investigation" in the resolution (No. 24) passed by the House of Delegates at the December 1959 meeting in Dallas.

(See Page 518 Minutes)

Respectfully submitted,
AMOS R. KOONTZ, M.D., *Chairman*
ERNEST I. CORNBROOKS, JR., M.D.
PHILIP D. FLYNN, M.D.
ARTHUR KARFGIN, M.D.
ANDREW E. MANCE, M.D.
CLARENCE E. MCWILLIAMS, M.D.
S. EDWIN MULLER, M.D.
BLAINE M. SCHINDLER, M.D.
WILLIAM B. VANDEGRIFT, M.D.
GEORGE H. YEAGER, M.D.

COMMITTEE ON PREVENTION OF AUTOMOTIVE HIGHWAY DISASTERS

Mr. President and Members of the House of Delegates:

This Committee has held no meeting this year, although the chairman has been reviewing data that have been sent to him and anticipates having a meeting of the Committee sometime in the future.

Respectfully submitted,
JAMES MCC. FINNEY, M.D., *Chairman*
RUSSELL S. FISHER, M.D.
PHILIP A. INSLEY, M.D.
EDMOND J. MCDONNELL, M.D.
A. J. MIRKIN, M.D.
A. AUSTIN PEARRE, M.D.
JOHN J. TANSEY, M.D.
CHARLES CONRAD ZIMMERMAN, M.D.

SPECIAL COMMITTEE ON BLUE CROSS/BLUE SHIELD LEGISLATIVE STUDY

Mr. President and Members of the House of Delegates:

The Special Committee on Blue Cross/Blue Shield Legislative Study has met twice since the last report rendered at the last Annual Meeting.

The purpose of these Committee meetings was to discuss and prepare testimony to be given by the Executive Committee of the Council before Senator John Clarence North, chairman of the Legislative Council Committee on Blue Cross of the General Assembly of Maryland.

At the other meeting the purpose was to discuss the final report submitted by Opinion Research Corporation, of Princeton, N. J. There were some reservations discussed by Committee members concerning interpretation of the results of the survey by the Opinion Research Corporation; however the report was accepted as submitted.

In view of the recent negotiations with the Blue Cross and Hospital Council by the Executive Committee of the Council of the Medical and Chirurgical Faculty, I believe that the continuance of this Special Committee on Blue Cross/Blue Shield Legislative Study is no longer necessary, and I would suggest, therefore, that the Committee be discharged.

(See Page 518 Minutes)

Respectfully submitted,
WILLIAM CARL EBELING, M.D., *Chairman*
M. MCKENDREE BOYER, M.D.
ARCHIE R. COHEN, M.D.
CHARLES N. DAVIDSON, M.D.
EVERETT S. DIGGS, M.D.
H. W. ELIASON, M.D.
GERALD A. GALVIN, M.D.
PAUL F. GUERIN, M.D.
J. ROY GUYTHER, M.D.
WILLIAM B. HAGAN, M.D.
CHARLES F. HOBELMANN, M.D.
J. RALPH HORKY, M.D.
JOHN H. HORNBAKER, M.D.
JOHN TILDEN HOWARD, M.D.
HOWARD F. KINNAMON, M.D.
HOWARD B. MAYS, M.D.
(Also member Blue Cross Board)
A. AUSTIN PEARRE, M.D.
J. MORRIS REESE, M.D.
BERNARD W. SOLLOD, M.D.
MARTIN E. STROBEL, M.D.
W. ALFRED VAN ORMER, M.D.
Faculty appointees on the Blue Cross/Blue Shield Boards
CONRAD ACTON, M.D.
EDGAR T. CAMPBELL, M.D.
J. SHELDON EASTLAND, M.D.
THURSTON HARRISON, M.D.
PAGE C. JETT, M.D.
C. RODNEY LAYTON, M.D.
CHARLES O'DONOVAN, JR., M.D.
EDWARD H. RICHARDSON, JR., M.D.
JOHN E. SAVAGE, M.D.
MARTIN L. SINGEWALD, M.D.
ARTHUR WOODWARD, M.D.

FINDINGS OF COMBINED REPORT COMMITTEE

Mr. President and Members of the House of Delegates:

(Council action 1/17/61. The Council approved this report and referred it to the House of Delegates for action.)

The Combined Report Committee met on December 8, 1960, to discuss the three reports submitted to it for study:

Doctors-Hospitals-Patients

It is Now Time for the Medical Profession to Take an Inventory

Report of the Committee on Hospital Use of Blue Shield Restricted Funds

The first report required no action by the Committee, inasmuch as this had already been adopted by the Council of the Faculty and accepted in principle.

Both of the other reports were considered at great length by the members of the Committee and unanimous agreement was reached on the following:

1. The principle that the practice of medicine in the State of Maryland is and should be legal only by physicians licensed by the State of Maryland is fundamental.
2. The 1953 action of the Faculty's House of Delegates authorizing payment for physicians' services by Blue Shield to other than participating physicians was an action of plausible expediency at that time in order to facilitate the formation of Blue Shield. It should not continue as a permanent policy commitment.

Through the intervening years, this sacrifice of principle to expediency has resulted in the fostering of the so-called "Corporate Practice of Medicine." According to the best information available to the Committee members, this corporate practice is in violation of the contract between Blue Shield and the participating physician and also in violation of the Medical Practice Act of Maryland.

It is necessary for the Combined Report Committee to lay some specific groundwork before completing this report.

Let hospital staffs select and provide lists of practitioners who can afford the time and who will consent to serve these limited-income patients as their private physicians. The patients would, of course, be free to make their own choice from among these physicians; or if, as often happens, the patients have no preference, the physicians could serve in rotation. Younger physicians, particularly those who have just finished their training, would be especially eligible for these lists.

Such a plan would benefit the residents themselves. Their greatest need arises in the years immediately following the termination of their residencies and when they stand on their own feet as private physicians. It is then, for the first time, that they are ready to put their training to use in practice; but more often than not, they meet difficulties in finding either the practice or the income that goes with it.

The Combined Report Committee therefore recommends:

1. **The rejection by the Council of the report of the Committee on Hospital Use of Blue Shield Restricted Funds, because it only compounds a violation of principle.**
2. **The practice of Blue Shield's paying funds to other than participating physicians or subscribers of non-participating physicians be discontinued.**
3. **That the Council and House of Delegates take any and all steps necessary to effect this change immediately.**

The Committee further recommends that:

The changes necessary may be carried out by a variety of methods, consistent with the good principles of medical practice:

- **(a) In salaried positions, contract situations are feasible.**
- **(b) In full-time practice, participating physicians could participate as individuals.**
- **(c) Hospital staffs may select and provide lists of practitioners who can afford the time and will consent to serve these limited income patients as their private physicians. Younger physicians, particularly those who are just entering private practice, would be especially eligible for these lists, thus encouraging the continu-**

ing participation of these younger physicians in post-graduate training.

(See Page 518 Minutes)

Respectfully submitted,
AUSTIN ROHRBAUGH, JR., M.D., *Chairman*
CONRAD ACTON, M.D.
E. I. BAUMGARTNER, M.D.
M. MCKENDREE BOYER, M.D.
H. A. BRIELE, M.D.
HOWARD M. BUBERT, M.D.
ERNEST I. CORNBROOKS, M.D.
MELVIN B. DAVIS, M.D.
DEONIS M. LUPO, M.D.
HUGH B. MCNALLY, M.D.
HENRY J. L. MARRIOTT, M.D.
SAMUEL MORRISON, M.D.
ROSS Z. PIERPONT, M.D.
HARRY P. PORTER, M.D.
J. EMMETT QUEEN, M.D.
ARTHUR SIWINSKI, M.D.
SULLINS G. SULLIVAN, M.D.
RICHARD W. TELINDE, M.D.
JOHN D. YOUNG, JR., M.D.

CORPORATE PRACTICE OF MEDICINE SURVEY COMMITTEE

Mr. President and Members of the House of Delegates:

As of this date, this Committee has had five meetings and at this point has nothing concrete to report. The Committee is continuing to study this problem and as soon as possible a report will be made.

Respectfully submitted,
RICHARD W. TELINDE, M.D., *Chairman*
EVERETT S. DIGGS, M.D.
PAUL F. GUERIN, M.D.
EDWIN B. JARRETT, M.D.
FRANK K. MORRIS, M.D.
J. ARTHUR WEINBERG, M.D.

COMMITTEE TO INVESTIGATE GROUP INSURANCE ON A STATE-WIDE BASIS

Mr. President and Members of the House of Delegates:

This Committee has been very active in the past year. We have recommended, for the Malpractice Insurance, the St. Paul Fire and Marine Insurance Company; and it was accepted by the Faculty. At present they are actively soliciting our membership.

We recommended, for the Health and Accident Insurance, the Hartford Accident and Indemnity Company. At this writing their application is pending approval by the Insurance Commissioner, and they cannot actively solicit the membership until such time as the policy is finally approved. As soon as they receive this they will commence solicitation.

We feel that our work has been completed and that the Committee should be dissolved.

(See Page 518 Minutes)

Respectfully submitted,
FRANK F. LUSBY, M.D., *Chairman*
J. TYLER BAKER, M.D.
M. MCKENDREE BOYER, M.D.
WOLCOTT L. ETIENNE, M.D.
JOHN N. ROBINSON, M.D.

COMMITTEE TO REVIEW PROPOSED REGULATIONS ON HOSPITAL LICENSING

Mr. President and Members of the House of Delegates:

There have been no meetings of this Committee within the last year.

Respectfully submitted,
HARRY F. KLINEFELTER, JR., M.D., *Chairman*
J. OLIVER PURVIS, M.D.
I. RIDGEWAY TRIMBLE, M.D.

COMMITTEE TO CONFER WITH INSURANCE CARRIERS IN REGARD TO PROBLEM OF SPECIALTIES — RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY

Mr. President and Members of the House of Delegates:

This Committee has no activity to report.

Respectfully submitted,
EDGAR T. CAMPBELL, M.D., *Chairman*
WEBSTER H. BROWN, M.D.
GEORGE G. FINNEY, M.D.
I. RIVERS HANSON, M.D.
WALTER C. MERKEL, M.D.

COMMITTEE TO CONSULT WITH LABOR LEADERS AND UNIONS OF MARYLAND

Mr. President and Members of the House of Delegates:

This Committee had no meetings this past year, therefore no report.

Respectfully submitted,
WARFIELD M. FIROR, M.D., *Chairman*
WILLIAM A. PILLSBURY, JR., M.D., *Co-Chairman*
C. REID EDWARDS, M.D.
J. ELLIOT LEVI, M.D.
CLARENCE E. MCWILLIAMS, M.D.
CHARLES F. O'DONNELL, M.D.

STUDY GROUP TO EXPLORE ALL FACETS OF CLINICAL LABORATORIES

Mr. President and Members of the House of Delegates.

The Committee has had one meeting and has defined the problem presented to it for discussion.

This Committee of the Faculty is now gathering data from other states and sources relating to this problem in order to provide a background and to extract the ex-

perience of the medical societies and others in this regard.

After this material has been evaluated, the Committee desires to submit its recommendations to the Society.

Respectfully submitted,
EDWARD C. MCGARRY, M.D., *Chairman*
ROBERT E. FARBER, M.D.
WALTER C. MERKEL, M.D.
WILLIAM A. PILLSBURY, JR., M.D.
JOHN WHITRIDGE, JR., M.D.
ARTHUR O. WOODDY, M.D.

MEDICAL ECONOMICS COMMITTEE

Mr. President and Members of the House of Delegates.

This Committee presented a report to the House of Delegates at the Semi-annual Meeting in Ocean City on September 15, 1960. This is a report of activity since that time.

In Ocean City, the House of Delegates authorized the Medical Economics Committee to establish Liaison Health Insurance Council for the purpose of discussing any mutual problems. At the time of this writing, one meeting has been held with the local representatives of this group, and it is felt that much good will come from this effort, which is now in its formative stages.

The Committee has had referred back to it the question of development of a Relative Value Fee Schedule, but has not been able to reach any firm conclusions in this respect. This matter is under continuing study, and when some specific agreement can be reached, a report will be made to the appropriate body for action.

The Committee has no specific recommendations or resolutions to present to the House of Delegates at this time.

Respectfully submitted,
ROBERT C. KIMBERLY, M.D., *Chairman*
RICHARD D. BAUER, M.D.
A. C. DICK, M.D.
EVERETT S. DIGGS, M.D.
WILLIAM B. HAGAN, M.D.
J. RALPH HORKY, M.D.
PHILIP A. INSLEY, M.D.
R. CARMICHAEL TILGHMAN, M.D.

THE MEDICAL ADVISORY COMMITTEE FOR THE MEDICARE PROGRAM

Mr. President and Members of the House of Delegates.

Payments to physicians and hospitals in Maryland for services to dependents of active duty military personnel totalled $555,433 in 1960. Of this total, physician payments were $255,430, and hospital payments $300,003. The comparable figures for 1959 were a total of $544,233, with physician payments $276,311 and hospital payments $267,922. These figures reflect an overall increase of 2 per cent for the year.

Effective January 1, 1960, the Medicare Program was largely restored, with surgery for conditions of "plannable" nature made allowable, providing that such surgery is indicated for the improvement or restoration of a body function.

Outpatient care for accident cases was also restored; surgery for psychological or purely cosmetic reasons is still not provided to dependents as a government liability.

The use of Nonavailability Statements (permit DD Form 1251) was continued through the year 1960. The permit is required only when the dependent and the serviceman are residing in the same household and care is not available at a government installation. An interesting aspect of the program is that the government plans to provide an increased amount of care in civilian facilities in the future, in order to avoid an expansion of government hospital facilities to provide for dependents.

PHYSICIANS' SERVICES

During the year the fee schedule for the Medicare Program remained substantially as revised in 1958. Some new items were added, including services for injection of radioactive material into tissue, and new tests in the section of the Fee Schedule under Pathological Examinations.

The Medicare Section processed 3,179 service claims to physicians during the year. Table I shows the distribution of these cases by type of care. Although care for surgery of "plannable" nature was restored effective January 1, 1960, and the proportion of surgical cases increased substantially, with a population concentrated in young women and children, maternity care continued as a significant segment of total care.

ADVISORY COMMITTEE

The Medical Advisory Committee for the Medicare Program in Maryland remained an important factor. This committee has functioned since shortly after the program was started in December, 1956. The Committee is an adjudicating body in cases requiring professional judgement and advises the fiscal agent in matters pertaining to professional practice. In a number of instances, the Office of the Surgeon General of the Army has sought the advice of the Committee in its effort to observe local practice in its interpretations and rulings.

During 1960, the Committee reviewed a number of

TABLE I
PAYMENTS TO PHYSICIANS

	SERVICES		PAYMENTS		
Type of Service	*Number*	*Percentage*	*Amount*	*Percentage*	*Average Payment per Service*
TOTAL	3,179	100.0	$255,430.10	100.0	$ 80.35
Obstetric	1,351	42.5	171,180.41	67.0	126.71
Surgical	457	14.4	43,088.20	16.9	94.28
Medical	813	25.6	27,570.74	10.8	33.91
Ancillary	558	17.5	13,590.75	5.3	24.36

TABLE II

DISTRIBUTION OF COMMITTEE CASES BY TYPE OF CARE

TOTAL	57
Surgery	26
Obstetrics and Gynecology	21
Medical	5
Pediatrics	3
Radiotherapy	2

TABLE III

HOSPITAL ADMISSIONS

Number of Admissions	2,268
Number of Days Hospital Care Provided	11,926
Average Length of Stay per Admission	5.3
Total Payments to Hospitals	$300,003.24
Average Cost Per Case	$132.28
Average Cost Per Day	$25.16

cases in which the fees for maternity care in cases of unusual difficulty received most careful attention. In these cases, the effort to preserve local practice and charges was of paramount influence.

During 1960, the Committee acted on a total of fifty-seven specific cases referred to it at the request of individual physicians and the staff of Maryland Blue Shield, the fiscal agent. The Office of the Surgeon General of the Army concurred with the Committee's opinion in all cases.

In addition to the specific cases referred to it, the Committee also provided advice on questions pertaining to policy, in order to establish means whereby precedent could be followed. In general, physicians have been willing to observe the precedent, to the end that numerous cases were resolved between the fiscal agent and the physicians without specific Committee referral. Others were resolved through approval by the Surgeon General's Office, acting on precedent without referral to Committee for decision in the specific case.

Table II shows the distribution of Committee cases by type of care.

HOSPITAL CARE

Maryland Hospitals provided a total of 11,926 days of hospital care incidental to 2,268 hospital admissions in 1960. Table III discloses an average hospital "per case" cost of $132.28 and an average of 5.3 days per admission.

The distribution of hospital care by type of admission is shown in Table IV.

Respectfully submitted,
WILSON GRUBB, M.D., *Chairman*
ROBERT LEE BAKER, M.D.
STUART M. CHRISTHILF, M.D.
WORTH B. DANIELS, JR., M.D.
JAMES McC. FINNEY, M.D.
HERBERT N. GUNDERSHEIMER, M.D.
GUSTAV HIGHSTEIN, M.D.
W. ROYCE HODGES, M.D.
JOHN H. HORNBAKER, M.D.
AMOS R. KOONTZ, M.D.
JOHN W. PARSONS, M.D.
JOHN M. SPENCE, M.D.
BERNARD O. THOMAS, JR., M.D.
ROGER S. WATERMAN, M.D.
JOHN DEAN WILSON, M.D.

COMMITTEE ON PUBLIC INSTRUCTION

Mr. President and Members of the House of Delegates.

This Committee has held two meetings during the past year. At these two meetings considerable groundwork has been laid for an active and enthusiastic program for the coming years.

Included in its activity are the following programs:

An active speakers' bureau to take Medicine's story to the public.

An active Medical Careers program to promote interest in medicine as a career, as well as allied medical fields. This will be done in cooperation with the Woman's Auxiliary, the medical schools and the University of Maryland Chapter, Student AMA.

An active program to promote the Medical Alert Foundation, as directed by the House of Delegates in September, 1960.

Consideration is also being given to programs for promotion of a health fair, television shows, and other areas where medicine's story can be told.

The chairman would like to express appreciation to the members of his Committee for their interest and cooperation.

Respectfully submitted,
HARRY M. ROBINSON, JR., M.D., *Chairman*
J. SHELDON EASTLAND, M.D.
THOMAS F. HERBERT, M.D.
JAMES G. HOWELL, M.D.
LAURISTON L. KEOWN, M.D.
HENRY P. LAUGHLIN, M.D.
WILLIAM T. LAYMAN, M.D.
E. T. LISANSKY, M.D.
JAMES R. MARTIN, M.D.
RICHARD B. NORMENT, III, M.D.
E. RODERICK SHIPLEY, M.D.
HUGH M. WARD, M.D.
JOHN M. WARREN, M.D.
HUNTINGTON WILLIAMS, M.D.
RICHARD J. WILLIAMS, M.D.

TABLE IV

DISTRIBUTION OF HOSPITAL CARE BY TYPE OF ADMISSION

Type of Care	*No. of Cases*	*No. Days*	*Average Length of Stay*
TOTAL	2,268	11,926	5.3
Obstetrical	1,477	6,195	4.2
Surgical	421	2,180	5.2
Medical	370	3,551	9.6